

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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FILED

99 JUL 16 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000020916

1. Corporation Name

MARK O'BRIEN PRODUCTIONS, FLORIDA, INC.



5/07/99 90077/022 \$150.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business

049 W MICHIGAN ST
ORLANDO FL 32805

121 B PARSONS RD
LONGWOOD, FL 32779

Mailing Address

049 W MICHIGAN ST
ORLANDO FL 32805

P.O. BOX
916520
LONGWOOD, FL 32791-6520

2. Principal Place of Business

21 121
Suite, Apt. #, etc.

22 B
City & State

23 LONGWOOD, FL

24 32779
Zip

25 USA
Country

2a. Mailing Address

26 P.O. BOX 916520
Suite, Apt. #, etc.

27
City & State

28 LONGWOOD, FL

29 32791-6520
Zip

30 USA
Country

3. Date Incorporated or Qualified

03/15/1995

4. FEI Number

59-3331433

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

O'BRIEN, MARK

049 W MICHIGAN ST
ORLANDO FL 32805

121 PARSONS RD
LONGWOOD, FL 32779

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

121 PARSONS RD

83 LONG

84 City LONGWOOD

FL

85 Zip Code

32779

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE MARK O'BRIEN
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/12/99
DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MARK O'BRIEN
STREET ADDRESS 049 W MICHIGAN ST.
CITY-ST-ZIP ORLANDO FL

TITLE VP ☐ DELETE

NAME O'BRIEN, CHIARA A
STREET ADDRESS 049 W MICHIGAN ST
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 121 PARSONS RD
1.4 CITY-ST-ZIP LONGWOOD, FL 32779

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 121 PARSONS RD.
2.4 CITY-ST-ZIP LONGWOOD, FL 32779

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mark O'Brien

7/12/99 407 422-0840

CR2E034 (5/99)