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Jan 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000023219 (5)

1. Corporation Name:  
THE ANIMATION FACTORY, INC.

Principal Place of Business  
1823 W COPANS RD  
POMPANO BEACH FL 33064  
US

Mailing Address  
1823 W COPANS RD  
POMPANO BEACH FL 33064-1517  
US



3. Date Incorporated or Qualified 03/22/1995  
3a. Date of Last Report 06/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. SAME

26 Suite, Apt. #, etc. SAME

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

4. FEI Number 65-0579082  
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, THOMAS C  
1923 W COPANS RD  
POMPANO BEACH FL 33064

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE 1/6/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS  
NAME LOCKE, TERRY L  
STREET ADDRESS 1923 W COPANS RD  
CITY- ST- ZIP POMPANO BEACH FL 33064  
DELETE  
TITLE DV  
NAME DANIELS, RICHARD E  
STREET ADDRESS 1923 W COPANS RD  
CITY- ST- ZIP POMPANO BEACH FL 33064  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP  
CHANGE  
ADDITION  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP  
CHANGE  
ADDITION  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP  
CHANGE  
ADDITION  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP  
CHANGE  
ADDITION  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP  
CHANGE  
ADDITION  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP  
CHANGE  
ADDITION

14. I do 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 to an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97 954 974-7064  
Date Daytime Phone #

0147813

CR2E034 (9/96)