## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000023219 (5)

THE ANIMATION FACTORY, INC.

Principal Place of Business
1923 W COPANS RD
POMPANO BEACH FL 33084

SIGNATURE:

Mailing Address

1923 W COPANS RD POMPANO BEACH FL 33064 US FILED
May 13 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/22/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For JOAT CP <u>3100</u> 65-0579082 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required & State City & State 6. Election Campaign Financing \$5.00 May Be 23 26 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current/year Intangible Personal Property Tax due June 30. US ☐ No 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BROWN, THOMAS C 81 BROWN, THOMAS C 1923 W COPANS RD Street Address (P.O. Box Number is Not Acceptable) 82 POMPANO BEACH FL 33084 83 84 Mollywood 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. I am lapidiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE locke, terry l NAME 12 NAME 1923 W COPANS RD STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL 33064 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE Addition DANIELS, RICHARD E 22 NAME NAME 1923 W COPANS RD STREET ADDRESS 23 STREET ADDRESS POMPANO BEACH FL 33064 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change \_\_ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP □ DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 Crty-St-ZiP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS 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 supplied in 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.