SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



that my name appears in Block 12 or Block 13 if changed or on an attachment with an address

URBAND THE OF SMINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURÉ:

FLORIDA DEPARTMENT OF STATE

Sandra B Mortham Secretary of State



(36/8)

CR2E034

1996 DIVISION OF CORPORATIONS **DOCUMENT #** P95000023885 (3) BALLOON PRODUCTIONS, INC. Principal Place of Business Mailing Address 501 SE 14TH ST 501 SE 14TH ST DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 3. Date Incorporated or Qualified 3a. Date of Last Report 03/24/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite. Apt. #. etc. Surte, Apt. # etc. \$8.75 Additional 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zio Country 10. Name and Address of New Registered Agent

10. Name and Address of New Registered Agent

10. Name and Address of New Registered Agent 24 25 29 30 9. Name and Address of Current Registered Agent 81 Name PINE, MICHAEL 501 SE 14TH ST 82 Street Address (P.O. Box Number is Not Acceptable) **DEERFIELD BEACH FL 33441** 83 64 City 85 Zip Code 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 obligations of, Section 607 0505, Florida Statutes. **SIGNATURE** Signature, typed or printed hame of myinteroo agent and title. Capplicative NOTE B gistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THILE DELETE 1.1 1111.5 Change Add tion NAME 1.2 NAME STREET ADORESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 21 TITLE NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CITY - ST - ZtP 2 4 CITY - ST - ZIP TITLE DELETE 31 Title Change Addition NAME 3 2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. C(TY - ST - ZIP TITLE DELETE 4 1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST-ZIP 44 CITY - ST - ZiP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 21P TITLE DELETE 6.1 TOTALE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 City - ST - ZiP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 earn, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and