FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000026729 (0)**

1. Corporation Name

CCM PRODUCTIONS, INC.

Principal Place of Business

4341 WEST MCNAB ROAD
SUITE 22
POMPANO BEACH FL 33069

Mailing Address

P.O. BOX 8020
HALLANDALE FL 33008

2. Principal Place of Business
21 3936 N.W. 7TH CT
Suite, Apt. #, etc.
22 DELRAY BEACH, FL
City & State
23
Zip 24 33445 Country 25 U.S.A.

2a. Mailing Address
26 P.O. BOX 7195
Suite, Apt. #, etc.
27
City & State
28 DELRAY BEACH, FL
Zip 29 33482 Country 30 U.S.A.

3. Date Incorporated or Qualified: **04/04/1995**

3a. Date of Last Report:

4. FEI Number: ☐ 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

WOLFE, RICHARD C
20803 BISCAYNE BLVD.
SUITE 200
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name: EUGENE J. SADKOWSKI
82 Street Address (P.O. Box Number is Not Acceptable): 500 N.E. SPANISH RIVER #208
83
84 City: BOCA RATON FL 85 Zip Code: 33431

11. Pursuant to the provisions of Section 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: [signature] DATE: 3-6-96

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD MEDICI, CONSTANTINE 4341 W. MCNAB ROAD, SUITE 22 POMPANO BEACH FL 33069	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

3936 N.W. 7TH CT
DELRAY BEACH, FL 33445

☐ Change ☒ Addition

VP
CHRISTIAN MEDICI
3936 N.W. 7TH CT
DELRAY BEACH, FL 33445

☐ Change ☐ Addition

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***200.00

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(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: [signature] PRESIDENT - CONSTANTINE MEDICI 3/25/96 407 495-5719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SG 3-28-96

CR2E034 (12/95)