

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90111 033 \*\*\*150.00

DOCUMENT # P95000027214

1. Corporation Name

BAD DOG PRODUCTIONS, INC.

Principal Place of Business

4360 NORTHLAKE BLVD., STE. 205  
PALM BEACH GARDENS FL 33410

Mailing Address

4360 NORTHLAKE BLVD., STE. 205  
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1995

4. FEI Number

65-0569826

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 150 N Lakewood Circle  
Suite, Apt. #, etc.

2a. Mailing Address

26 150 N Lakewood Circle  
Suite, Apt. #, etc.

23 City & State  
Maitland

24 Zip Country  
32751 SEMINOLE

28 City & State  
Maitland

29 Zip Country  
32751 SEMINOLE

9. Name and Address of Current Registered Agent

MARTIN E. WASHOFKY, E.A., P.A.  
4360 NORTHLAKE BLVD., STE. 205  
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name  
Matt Kennedy  
82 Street Address (P.O. Box Number is Not Acceptable)  
150 N Lakewood Circle  
83  
84 City  
Maitland FL 85 Zip Code  
32751

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 MATTHEW D. KENNEDY

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/99

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME KENNEDY, MATT  
STREET ADDRESS 4360 NORTHLAKE BLVD., STE. 205  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME Kennedy, Matt  
1.3 STREET ADDRESS 150 N Lakewood Circle  
1.4 CITY-ST-ZIP Maitland 32751

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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, with all other like empowered.

SIGNATURE:

MATTHEW D. KENNEDY

DATE

4/16/99 (407) 339-9505

Daytime Phone #

CR2E034 (11/98)