**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **P95000033113 (8)**

1. Corporation Name

**CHASKES PRODUCTIONS, INC.**

Principal Place of Business

**2515 NE 207 ST**
**N MIAMI BEACH FL 33180**

Mailing Address

**2515 NE 207 ST**
**N MIAMI BEACH FL 33180**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **04/24/1995**

3a. Date of Last Report

4. FEI Number: 65-0591168 — 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

**CHASKES, DAVID**
**2515 NE 207 ST**
**N MIAMI BEACH FL 33180**

10. Name and Address of New Registered Agent

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 607.0502 or 617.1506, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P/VP/T/S ☐ DELETE |
| NAME | DAVID CHASKES |
| STREET ADDRESS | 2515 NE 207 STREET |
| CITY-ST-ZIP | N. MIAMI BEACH, FL 33180 |
| TITLE | ☐ DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ DELETE |
| NAME | |
| STREET ADDRESS | |
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| NAME | |
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| CITY-ST-ZIP | |
| TITLE | ☐ DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I do hereby certify that the information supplied with this report is valid and, furnished and does not conflict, for the exemption stated in Section 119.07(3)(e), 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 also 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 in Chapter 607, or certificate filed with the Division.

**SIGNATURE:** David D. Chaskes — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/2/96

Daytime Phone #: 305 931-1282

CR2E034 (12/95)