

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
1996**



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

DOCUMENT # P95000043120 (1)

1. Corporation Name

BLACK DRAGON PRODUCTIONS, INC.



Principal Place of Business

Mailing Address

**5043 82ND WAY EAST
SARASOTA FL 34243**

**5043 82ND WAY EAST
SARASOTA FL 34243**

2. Principal Place of Business

21 **225 Little Pond Lane**

Suite, Apt. #, etc.

22 City & State
Sarasota, FL

23 Zip
34242

Country
USA

2a. Mailing Address

26 **225 Little Pond Ln.**

Suite, Apt. #, etc.

27 City & State
Sarasota, FL

28 Zip
34242

Country
USA

3. Date Incorporated or Qualified

06/02/1995

3a. Date of Last Report

4. FEI Number

65-0585662

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

**BONNER, LOREE G
5043 82ND WAY EAST
SARASOTA FL 34243**

10. Name and Address of New Registered Agent

81 Name
Bonner, Loree G.

82 Street Address (P.O. Box Number is Not Acceptable)

225 Little Pond Lane

83

84 City
SARASOTA

85 Zip Code
FL 34242

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

Signature typed or printed name of registered agent and then applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
BONNER, LOREE G
5043 82ND WAY EAST
SARASOTA FL 34243**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

**Bonner, Loree G.
225 Little Pond Lane
SARASOTA, FL 34242**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 oath, that I am an officer or director of the corporation or the acceptor or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13. I changed, or changed with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/96 9413468864

CR2E034 (3/96)