

PROFIT CORPORATION
ANNUAL REPORT



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

1996 Amended

FILED

96 DEC -2 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # # P95000053374
1. Corporation Name
Outer Limits Productions, Inc.

Principal Place of Business Mailing Address
226 W. King St., Cocoa, FL 32922

2. Principal Place of Business 2a. Mailing Address
21 226 W. King St. 26 226 W. King St.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Cocoa, FL 28 Cocoa, FL
24 Zip 25 USA 29 32922 30 USA
Country

3. Date Incorporated or Qualified 3a. Date of Last Report
July 5, 1995 Aug. 26, 1996
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
Randy Johnson
226 W. King St. Cocoa, FL 32922

10. Name and Address of New Registered Agent
81 Name Damon Depew
82 Street Address (P.O. Box Number is Not Acceptable)
226 W. King St.
83 City
Cocoa, FL
84 FL 85 Zip Code 32922

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 Randy Johnson, Agent Damon Depew, Secretary
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE 11-22-96 10-15-96

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME Randy Johnson
STREET ADDRESS #4 West Point Dr.
CITY-ST-ZIP Cocoa Beach, FL 32931
TITLE ☐ DELETE
NAME Vice-President
STREET ADDRESS Christopher R. Milnes II
CITY-ST-ZIP 1000 Lake Nore Blvd.
Rockledge, FL 32955
TITLE ☐ DELETE
NAME Secretary
STREET ADDRESS Damon Depew
CITY-ST-ZIP 505 Newland Harbor Dr.
M.I., FL 32952
TITLE ☐ DELETE
NAME Treasurer
STREET ADDRESS Randy Depew
CITY-ST-ZIP 335 Newland Harbor Dr.
M.I., FL 32952
TITLE ☐ DELETE
NAME
STREET ADDRESS
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 500002020335-7
1.4 CITY-ST-ZIP -12/05/96--01008--019
*****61.25 *****61.25
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 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 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: Damon C. Depew/Secretary Damon C. Depew 10-15-96 (407) 632-4090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)