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FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000057447 (1)

1. Corporation Name
POWER PLANT STUDIOS, INC.



Principal Place of Business
9393 BOCA RIVER CIRCLE
BOCA RATON FL 33434

Mailing Address
9393 BOCA RIVER CIRCLE
BOCA RATON FL 33434-3973

3. Date Incorporated or Qualified
07/25/1995

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0604984

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

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

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

9. Name and Address of Current Registered Agent

CHERRY, LIN M
801 BRICKELL AVE
24TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
Stanley, William T. III
82 Street Address (P.O. Box Number is Not Acceptable)
9393 Boca River Circle
83
84 City
Boca Raton FL 85 Zip Code
33434

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, 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 William T. Stanley, III DATE 4/20/97
(NOTE: Registered Agent signature required when installing)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
S	STANLEY, MARTHA W	9393 BOCA RIVER CIRCLE	BOCA RATON FL 33434	<input type="checkbox"/>
D	STANLEY, WILLIAM T III	9393 BOCA RIVER CIRCLE	BOCA RATON FL 33434	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
1.1	Chairman + C.E.O., Director	Stanley, William T. III	9393 Boca River Circle	Boca Raton, FL 33434	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2					<input type="checkbox"/>	<input type="checkbox"/>
1.3					<input type="checkbox"/>	<input type="checkbox"/>
1.4					<input type="checkbox"/>	<input type="checkbox"/>
2.1					<input type="checkbox"/>	<input type="checkbox"/>
2.2					<input type="checkbox"/>	<input type="checkbox"/>
2.3					<input type="checkbox"/>	<input type="checkbox"/>
2.4					<input type="checkbox"/>	<input type="checkbox"/>
3.1					<input type="checkbox"/>	<input type="checkbox"/>
3.2					<input type="checkbox"/>	<input type="checkbox"/>
3.3					<input type="checkbox"/>	<input type="checkbox"/>
3.4					<input type="checkbox"/>	<input type="checkbox"/>
4.1					<input type="checkbox"/>	<input type="checkbox"/>
4.2					<input type="checkbox"/>	<input type="checkbox"/>
4.3					<input type="checkbox"/>	<input type="checkbox"/>
4.4					<input type="checkbox"/>	<input type="checkbox"/>
5.1					<input type="checkbox"/>	<input type="checkbox"/>
5.2					<input type="checkbox"/>	<input type="checkbox"/>
5.3					<input type="checkbox"/>	<input type="checkbox"/>
5.4					<input type="checkbox"/>	<input type="checkbox"/>
6.1					<input type="checkbox"/>	<input type="checkbox"/>
6.2					<input type="checkbox"/>	<input type="checkbox"/>
6.3					<input type="checkbox"/>	<input type="checkbox"/>
6.4					<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

SIGNATURE: William T. Stanley, III DATE: 4/20/97 561-477-7982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)