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

May 10, 1999 8:00 am Secretary of State

05-10-1999 90243 037 ***150.00

DOCUMENT # **P95000065854**1. Corporation Name

GRILLED UP PRODUCTIONS, INC.

Principal Place of Business

Mailing Address



2216 FOUNTAIN	- -	2216 FOUNTAIN BLEAU DRIVI ORLANDO FL 32808	E						
ORLANDO FL 3	12806	CHEMINDO PE SESSO			DO NOT WRI	TE IN THIS SPACE			
					 Date Incorporated or Qualified 08/24/1995 				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For		
21 22/6 FOUNTAM bleau DR 26 Same					59-3332143		lot Applicable		
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	1 7 7 7	Additional lequired		
City & State City & State 28 City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip 3c	2808 25 Country	Zip 3	Country		This corporation owes the cur Personal Property Tax.	Yes	rtho_		
	g. Name and Address of Current i	Registered Agent			10. Name and Address of New	Registered Agent			
2216	Ger, tristan 3 Fountain Bleau Drive Ando Fl 32808		81 82 83	Name Street Addi	Ess (P.O. Box Number is Not Accept	operte			
			84	City	ORI	FL 85 Zip	Sode 3280f		
office or r	to the provisions of Sections 607.0502 : egistered agent, or both, in the State of m fargiliar with, and accept the obligatio	Florida. Such change was auti	nonzed by ti	named corporation	oration submits this statement for the on's board of directors. Thereby acce	purpose of changing it pt the appointment as	s registered egistered		
SIGNATURE	Signature, typed or printed name of registered agent a	MonestE:	Pres		d when reinstating)	adesta 4	1-29-99		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF				
TITLE	D	☐ DELETE	1.1 TITLE	_ j-	, , ,	☐ Change	Addition		
NAME	FULGER, TRISTAN		1 2 NAME	يال	ropeste, Coll	7N	J		
STREET ADDRESS	2216 FOUNTAIN BLEAU DRIVE		1.3 STREET A	ADDRESS Z	210 Cerliss DR	. A D.			
CITY-ST-ZIP	ORLANDO FL 32808		1.4 CITY-ST-	ZIP (DKI 1 FC 320	☐ Change	Addition		
TITLE		☐ DELETE	2.1 TITLE			Change	- C-Addition		
NAME			2.2 NAME						
STREET ADDRESS	}		2.3 STREET	ADDRESS			}		
CITY-ST-ZIP			2. 4 CITY-ST	-ZIP		[7] Change	Addition		
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NAME			3.2 NAME						
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TITLE		☐ DELETE	5.1 TITLE			[_] Change			
NAME	,		5.2 NAME	ADDDECC .					
STREET ADDRESS			5.3 STREET	Į.].		
CITY: ST:ZIP		T) DELETE	5.4 CITY-ST- 6.1 TITLE	ZIP		[7] Change	Addition		
TITLE	1	☐ DELETE	1	[☐ Change	- CLAGGIIGH		
NAME			6.2 NAME	ADDOCCC					
STREET ADDRESS			6.3 STREET				. }		
CITY-ST-ZIP			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 peciever 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 accommendation and the same appears in the sa

SIGNATURE:

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