## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT CORPORATION** ANNUAL REPORT



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

1996

P95000067897 (5) **DOCUMENT** # 1. Corporation Name

MAC STEPHENS PRODUCTIONS, INC.

Principal Place of Business

Mailing Address



| 3936 SOUTH SEMORAN BLVD., SUITE 402<br>ORLANDO FL 32822 |   | 3936 SOUTH SEMORAN BLVD., SUITE 402<br>ORLANDO FL 32822 |                     |   |   |  |          |
|---|---|---|---------------------|---|---|--|----------|
|   |   |   |                     |   | 3. Date Incorporated or Qualified 08/30/1995  | 3a. Date of Last Report  |          |
|   | face of Business  | 2a. Mailing Address                                     | 2a. Mailing Address |   | 4. FEI Number   | Applied For  | $\neg$   |
| 21  |   | 26  | 26                  |   | 59-3336239  | Not Applicable   | э        |
| Suite, Apt. #, etc.                                     |   | Suite, Apt. #, etc.                                     | Suite, Apt. #, etc. |   | 5. Certificate of Status Desired  | S8.75 Additional   |          |
| 22  |   | 27  | +                   |   | Grande o Grande Desired   | Fee Required   |          |
| City & State  |   | Orty & State  | <del></del>         |   | 6. Election Campaign Financing  | <b>\$5.00</b> мау Ве   |          |
| 23  |   | 28  |                     | Trust Fund Contribution Added to Fees                 |   |  |          |
| Žφ  | Country   | Zip   | Countr              | ý   | 8. This corporation has liability for i   |  |          |
| 24  | 25  | 29  | [30]                |   | Florida Statutes Yes  |  |          |
|   | 9. Name and Address of Currer   | nt Registered Agent                                     |                     | 1   | 10. Name and Address of New R   | egistered Agent  | _        |
|   |   |   | 81                  | Name  |   |  | İ        |
|   | iesney, stephen e   |   | 82                  | 82 Street Address (P.O. Box Number is Not Acceptable) |   |  | -        |
|   | Bolton Bend   |   |                     |   |   |  | ļ        |
| ORLAI   | NDO FL 32817  |   | 83                  |   |   |  | ٦        |
|   |   |   | 84                  | City  |   | last z   | _        |
|   |   |   |                     | ""  |   | FL 85 Zip Code   |          |
|   | to the provisions of Sections 607.0502<br>red agent, or both, in the State of Flori<br>ith, and accept the obligations of, Sect |   |                     | named corpor<br>noration's boa                        | ration submits this statement for the pur<br>rd of directors. Thereby accept the appo | pose of changing its registered offici<br>pintment as registered agent. I am | e        |
| SIGNATURE   | Signal tell fund or provide name of rejulates flavor  |   | kiji Bigsak (Aje    | el sgrature outure.                                   | at when the art dings   | ĐÁI Í  |          |
| 12.   | OFFICERS AN   |   | 13.                 |   | ADDITIONS/CHANGES TO OFFI   | CERS AND DIRECTORS IN 12   | $\dashv$ |
| TITLE   | President   | DELETE  | 1. 1 111; E         |   |   | Change Addition  |          |
| NAME  | Stephen E. mc Chesuly   | •   | 1.2 NAME            |   |   |  |          |
| STREET ADDRESS  | 2707 Bolton Bene  |   | 1351941             | T ADORESS   |   |  |          |
| CITY - ST-ZIP   | President DELETE Stephen E. mcChesuly 2709 Bolton Bend onloado, Fl 37822  |   |                     | \$1 - ZiP   |   |  |          |
| TITLE   |   | Decete  | 2 1 TILLE           |   |   | Change Addition  | 一.       |
| NAME  |   |   | 2.2 NAME            |   |   |  |          |
| STREET ADDRESS  |   |   | 2.3 STREE           | ADDRESS   |   |  |          |
| CITY - ST - ZIF   |   |   | 2.4 Cily-:          |   |   |  |          |
| TITLE   |   | ☐ DELETE  | 3 1 1111.           |   |   | Change Addition  | $\dashv$ |
| NAME  |   |   | 3.2 NAME            |   |   |  |          |
| STREET ADDRESS  |   |   |                     | LADDHESS  |   |  |          |
| CITY - ST - ZIP   |   |   | 3.4 CiTy - 1        |   |   |  |          |
| TITLE   |   | DELETE  | 4 1 TITLE           |   |   | Change Addition  | $\dashv$ |
| NAME  |   | _   | 4.2 NAME            |   |   |  |          |
| STREET ADDRESS  |   |   | 4 3 STRÉE           | ADORESS   |   |  |          |
| CITY - ST - ZIP   |   |   | 4.4 C/TY - 5        |   |   |  |          |
| TITLE   |   | DELETE  | 5 1 Tille           | ,   |   | ☐ Change ☐ Addition  | ᅱ        |
| NAME  |   |   | 5.2 NAME            |   |   | L change L Addition  |          |
| STREET ADDRESS  |   |   | 5.3.51816           | Annesss   |   |  |          |
| CITY-SI-ZIP   |   |   | 5.4 CiTY-5          | j   |   |  |          |
| TITLE   |   | DELETE  | 6 1 THE             | or . Tile   |   | ☐ Change ☐ Addition  |          |
| NAME  |   |   | 6.2 NAME            |   |   | Change Addition  |          |
| STREET ADDRESS  | [   |   |                     | AL-ODSOC  |   |  |          |
| CITY-ST-ZIP   |   |   | 6.3 STREET          |   |   |  |          |
| GITT STEZIF   |   |   | 6.4 CITY - 5        | T-ZIP   |   |  | - 1      |

14. I do hereby certify that the information supplied with this fung 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.

Stephens E. M.S. Chessey

\*\*Table 1.\*\*

\*\*Table

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-381-4604