## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT 1998** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000067897 (5)

MAC STEPHENS PRODUCTIONS, INC.

## **FILED** May 14 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address				I IDBITOR! IIU IQIQA QIVII UQIII UQIII BANK BANK QIXII	IDADI HAM	U 1940 HUDA HUDA	
3936 SOUTH SEMORAN BLVD SUITE 402 ORLANDO FL 32822		3936 SOUTH SEMORAN BLVD SUITE 402 ORLANDO FL 32822			02				
						DO NOT WRITE IN THIS SE	PACE		
						3. Date Incorporated or Qualified 08/30/1995			
2. Principal P	Place of Business	2a. Mailing Address	<del></del>			4. FEI Number		Applied For	
21		26				59-3336239		Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.				CO 75 Additional			
22		27				5. Certificate of Status Desired		Required	
City & Stat	le	City & Stato				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution		d to Fees	
Zip	Country	Zφ	Cour	Country		8. This corporation owes or has paid the curre	nt year	Intangible	
24	25	29	30				Yes	□ No	
	9, Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Ag	gent		
	CCHESNEY, STEPHEN E			81	Name				
2709 BOLTON BEND				82 Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO FL 32817									
				63					
			ļ	<b>B4</b> C	City	FL	85 Zi	p Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statut	es the ab	nve-n	amed corp	oration submits this statement for the purpose of c	bagains	ito registered	
ance or r	regi <b>ste</b> red agent, or both, in the State im f <b>a</b> miliar with, and accept the obliga	of Florida. Such ch <b>ange wa</b> s a	authorized	l by th	e corporati	ion's board of directors. I hereby accept the appoi	ntment a	as registered	
SIGNATURE	Signature, typed or printed name of registered age	and result table If any size of the COL	F. Danielaua	A		ed when roinstaling) DATE			
12,	OFFICERS AN		13.	Agent Si	ignature require	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTO	ORS IN 12	
TITLE	P	DELETE	1.1 111	LE			Change		
NAME	MCCHESNEY, STEPHEN E		1.2 NA	ME		<del>-</del>		_	
STREET ADDRESS	2709 BOLTON BEND			1.3 STREET ADDRESS					
CITY-ST-ZIP	ODI ANDO EL 00000			Y-ST-ZI	l l	1 P CODY 32817		j	
TITLE	5	DELETE		2 1 TITLE			Change	Addition	
NAME	LISA A. MCChocker	f	2.2 NAI	ME			_		
STREET ADDRESS	2709 Bollov Bead 23 0010000, F1 32817 24		2.3 STF	2.3 STREET ADDRESS					
CITY-ST-ZIP	Octordo, F1 32817	-	2. 4 C/I	ry-st-z	ZIP				
TITLE		DELETE	3.1 TITI			C.	Change	Addition	
NAME			3.2 NAI	ME	1				
STREET ADDRESS			3 3 STR	IEET ADD	DRESS				
CITY-ST-ZIP				Y-SI-Z	ľ				
TITLE		DELETE	4 1 TITE				Change	Addition	
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STR	REET ADD	DRESS			į	
CITY-ST-ZIP				Y-ST-ZI				ļ	
TITLE		☐ DELETE		5.1 TITLE			Change	Addition	
NAME			5.2 NAN	WE		_			
STREET ADDRESS			5.3 STR	EET ADD	DRESS			]	
CITY-ST-ZIP				Y - \$1 - ZI				j	
TITLE		☐ DELETE	6.1 TITL			Ε	Change	Addition	
NAME			6.2 NAM			_	•	_	
STREET ADDRESS				EET ADD	DAESS			ļ	
CITY-ST-ZIP				Y-ST-ZI					

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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

4/0/00