

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

**FILED**  
**Jun 10, 1999 8:00 am**  
**Secretary of State**

06-10-1999 90022 035 \*\*\*150.00

**DOCUMENT #**

1. Corporation Name

OUTRAGEOUS PRODUCTIONS, INC



Principal Place of Business

5710 NW 62 St  
Parkland, FL 33067  
US

Mailing Address

5710 NW 62 St  
Parkland, FL 33067  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
9-19-95

2. Principal Place of Business

21 12322 St. Simon Dr

2a. Mailing Address

26 12322 St. Simon Dr

4. FEI Number

65-0612479

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

23 Boca Raton, FL

City & State

28 Boca Raton, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

24 33428

Country

25 Palm Beach

Zip

29 33428

Country

30 Palm Beach

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Robert Schwartz  
9096 Pines Springs Dr  
Boca Raton, FL 33428

10. Name and Address of New Registered Agent

81 Name BRIAN LYNN

82 Street Address (P.O. Box Number is Not Acceptable)  
2 SO UNIVERSITY DRIVE, STE 215

83

84 City PLANTATION

FL

85 Zip Code  
33324

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

Signature, typed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/4/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME Michael Tice

STREET ADDRESS 5710 NW 62 St

CITY-ST-ZIP Parkland, FL 33067

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

☒ Change ☐ Addition

1.1 TITLE Michael Tice

1.2 NAME 12322 St. Simon Dr

1.3 STREET ADDRESS Boca Raton, FL 33428

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Michael J. Tice*

6/7/99

Daytime Phone #