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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000072694 (9)**

1. Corporation Name

HANG LOOSE PRODUCTIONS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
~~1000 ISLAND BLVD.~~ ~~SUITE 2500~~ ~~WILLIAM ISLAND FL 33160~~	~~1000 ISLAND BLVD.~~ ~~SUITE 2500~~ ~~WILLIAM ISLAND FL 33160~~

3. Date Incorporated or Qualified: 09/20/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3700 Island Blvd	26 3700 Island Blvd
Suite, Apt. #, etc. 22 C-205	Suite, Apt. #, etc. 27 C-205
City & State 23 North Miami Bch., Fl.	City & State 28 North Miami Bch., Fl
Zip / Country 24 33160 / 25 U.S.A.	Zip / Country 29 33160 / 30 U.S.A.

4. FEI Number: 65-0383360 — ☐ 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 authority for intangible tax under s. 199.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~FORTI, ENRICO~~
~~1000 ISLAND BLVD.~~
~~SUITE 2500~~
~~WILLIAMS ISLAND FL 33160~~

10. Name and Address of New Registered Agent

81 Name: FORTI, ENRICO
82 Street Address (P.O. Box Number is Not Acceptable): 3700 Island Blvd.
83 C-205
84 City: North Miami Bch FL 85 Zip Code: 33160

11. Pursuant to the provisions of Sections 607.0505 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 agree to perform the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: ✓ Enrico Forti — DATE: 3/29/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY-ST-ZIP	☐ Change ☒ Addition P FORTI, ENRICO 3700 ISLAND BLVD C-205 NORTH MIAMI BCH. FLA. 33160
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY-ST-ZIP	☐ Change ☒ Addition S CRANE, HEATHER 3700 ISLAND BLVD. C-205 North Miami Bch., Fl. 33160
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: ✓ Enrico Forti — 3/29/96 — 3320213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Document #