FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000074290 (4)**

1. Corporation Name

WILD PANTHER PRODUCTIONS, INC.

Principal Place of Business

801 ARTHUR GODFREY ROAD
SUITE 600
MIAMI BEACH FL 33180

Mailing Address

~~801 ARTHUR GODFREY ROAD~~
~~SUITE 600~~
~~MIAMI BEACH FL 33180~~

3. Date Incorporated or Qualified: 09/26/1995

3a. Date of Last Report:

4. FEI Number: 65-0637280 ☐ 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 liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business

21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address

26 5200 NE 14 WAY
27 Suite, Apt. #, etc. #303
28 City & State FT LAUDERDALE
29 Zip 33334 30 Country USA

9. Name and Address of Current Registered Agent

ROSS, DIANA C
5200 NORTHEAST 14TH WAY
SUITE 303
FORT LAUERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MILLER, MICHAEL M	
STREET ADDRESS	801 ARTHUR GODFREY ROAD, SUITE 600	
CITY-ST-ZIP	MIAMI BEACH FL 33180	
TITLE	~~V~~	☑ DELETE
NAME	~~SHAW, WALTER T~~	
STREET ADDRESS	~~5850 N.E. 14 TERRAE~~	
CITY-ST-ZIP	~~FORT LAUDERDALE FL 33334~~	
TITLE	ST	☐ DELETE
NAME	ROSS, DIANA C	
STREET ADDRESS	5200 N./E. 14 WAY, #303	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
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

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	STD	☑ Change ☐ Addition
32 NAME		
33 STREET ADDRESS	SAME	
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do 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.

SIGNATURE: [signature] Vice Pres/Treas 3/8/96 305/357-5009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Area Code & Daytime Phone #