## 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

P95000081143 (6)

DOCUMENT # P95000

1. Corporation Name

APPLE SEED PRODUCTIONS, INC.

| Principal Place of Business Mailing Address |   |   |                       |                                |                   |   |                                       |  |
|---|---|---|-----------------------|--------------------------------|-------------------|---|---------------------------------------|--|
| 1426 NW 83 TER.<br>MIAMI FL 33147           |   | 1426 NW 83 TER.<br>Miami Fl 33147                                       |                       |                                |                   |   |                                       |  |
|   |   |   |                       |                                |                   | 10/23/1995  | ate of Last Report                    |  |
| 2. Principal Place<br>21                    | e of Business   | 2a. Mailing Address<br>26   |                       |                                |                   | 4. FEI Number<br>65-0614513   | Applied For Not Applicable            |  |
| Suite, Apt. #, etc.                         |   | Suite, Apt. #, etc.   |                       |                                |                   | 5. Certificate of Status Desired  | \$8.75 Additional<br>Fee Required     |  |
| City & State                                |   | City & State  | City & State          |                                |                   | 6. Election Campaign Financing Trust Fund Contribution  | <b>\$5.00</b> May Be<br>Added to Fees |  |
| Zip   | Country   | Zip   | Cou                   | intry                          |                   | 8. This corporation has liability for intangible  |                                       |  |
| 24  | 25  |   | 30                    | <b>,</b>                       |                   | Florida Statutes Yes No   |                                       |  |
|   | 9. Name and Address of Currer   | nt Registered Agent   |                       | 04                             |                   | 10. Name and Address of New Register  | ed Agent                              |  |
|   |   |   |                       | 61                             | Name              |   |                                       |  |
|   | N, HARRY R<br>W 83 TER.   |   |                       |                                | Street Add        | ress (P.O. Box Number is Not Acceptable)  |                                       |  |
|   | FL 33147  |   |                       | 83                             |                   |   |                                       |  |
|   |   |   |                       | 84                             | City              |   | 85 Zip Code                           |  |
| 11. Pursuant to                             | the provisions of Sections 607.050  | 2 and 607.1508, Florida Statutes  | the abo               | 0V8-08                         | amed corpo        | oration submits this statement for the purpose of ard of directors. I hereby accept the appointment   | changing its registered office        |  |
| familiar with                               | , and accept the obligations of, Sec  | tion 607.0505, Florida Statutes.  | o by the c            | 00,60                          | 1011011 0 200     |   | v s                                   |  |
| SIGNATURE                                   | Ignature, typed or printed name of registered agen  | It and title if applicable. (NOTE                                       | Registered            | 1 Agent                        | signature require | ed when reinstating) DA1  |                                       |  |
| 12.   |   | ID DIRECTORS  | 13.                   |                                |                   | ADDITIONS/CHANGES TO OFFICERS A   |                                       |  |
| TITLE                                       | D   | ☐ DELETE  | 1. 1 T                | ITLE                           |                   |   | Change Addition                       |  |
| NAME  | HOSTON, HARRY R   |   | 1.2 N                 | AME                            | -                 |   |                                       |  |
| STREET ADDRESS                              | 1426 NW 83 TER.   |   |                       |                                | ADDRESS           |   |                                       |  |
| CITY - S1 - ZIP                             | MIAM! FL 33147<br>D   | DELETE  | 1.4 C                 | ITY-ST                         | - ZIP             |   | ☐ Change ☐ Addition                   |  |
| TITLE                                       | ENGLISH, SHARON R   | [ ] btttit  |                       |                                |                   |   |                                       |  |
| NAME  | 1426 NW 83 TER.   |   |                       | 2 2 NAME<br>2 3 STREET ADDRESS |                   |   |                                       |  |
| STREET ADDRESS                              | MIAMI FL 33147  |   |                       | ITY-SI                         |                   |   |                                       |  |
| CITY-ST-ZIP<br>TITLE                        | D   | ☐ DELETE  | 3.17                  |                                |                   |   | Change Addition                       |  |
| NAME  | HOSTON, UKWELI A  | HOSTON, UKWELI A  |                       | 3.2 NAME                       |                   | 2   |                                       |  |
| STREET ADDRESS                              | 1426 NW 83 TER.   |   | 3.3 5                 | STREET                         | ADDRESS           |   |                                       |  |
| CITY+ST-ZIP                                 | MIAMI FL 33147  |   | 3.4 C                 | ITY-ST                         | -ZiP              |   | F1 (0) F1 (4/8)                       |  |
| TITLE                                       |   | ☐ DELETE  | 4, 1 1                |                                |                   |   | Change Addition                       |  |
| NAME  |   |   | 4.2 N                 |                                |                   |   |                                       |  |
| STREET ADDRESS                              |   |   |                       |                                | ADDRESS           |   |                                       |  |
| CITY-SI-ZIP                                 |   | □ DELETE  |                       | CITY-SI<br>Title               | 1 - ZIP           |   | Change Addition                       |  |
| TITLE<br>NAME                               |   |   |                       | NAME                           | Ì                 |   | <u> </u>                              |  |
| STREET ADDRESS                              |   |   |                       |                                | ADDRESS           |   |                                       |  |
| CITY-ST-ZIP                                 |   |   | 5.4 CiTY-             |                                | t                 |   |                                       |  |
| TITLE                                       |   | ☐ DELETE  | 6 1 TITLE             |                                |                   |   | Change Addition                       |  |
| NAME  |   |   | 62 N                  | NAME                           |                   |   |                                       |  |
| STREET ADDRESS                              |   |   | 6.3 9                 | STREET                         | ADDRESS           |   |                                       |  |
| CITY-ST-ZIP                                 |   |   | 6.40                  | CITY - S                       | 1 - ZIP           | 6. A  | Elogida Statutan I fudhas             |  |
| certify that                                | the information indicated on this and<br>am an officer or director of the corp<br>Block 12 or Block 13 if changed, or | nual report or supplemental annu<br>noration or the receiver or trustee | al report<br>e empowe |                                |                   | of for the exemption stated in Section 119.07(3)(k) trate and that my signature shall have the same kithis report as required by Chapter 607, Florida S | atutes; and that my name              |  |

SIGNATURE: Lary R. Las

(305) 691-