

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000085549 (0)**

1. Corporation Name

JIM DERUSHA PRODUCTIONS, INC.



Principal Place of Business

Mailing Address

C/O W. EDWARD MCLEOD, P.A.
201 SOUTH ORANGE AVE., SUITE 1010
ORLANDO FL 32801

C/O W. EDWARD MCLEOD, P.A.
201 SOUTH ORANGE AVE., SUITE 1010
ORLANDO FL 32801

3. Date Incorporated or Qualified

11/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **Disney MGM Studios**

26 **Disney-MGM Studios**

4. FEI Number

59-3344435

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Prod. Ops D-6**

27 **P.O. Box 10200 Prod. Ops D-6**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

23 **Lake Buena Vista #1**

28 **Lake Buena Vista, FL**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

24 **32830**

25 **USA**

29 **32830**

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCLEOD, W. EDWARD ESQ.
C/O W. EDWARD MCLEOD, P.A.
201 SOUTH ORANGE AVE., SUITE 1010
ORLANDO FL 32801**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent or officer (Block 12)

Signature typed or printed name of new registered agent (Block 10)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **DERUSHA, JIM**
STREET ADDRESS **10020 BRANDON CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32836**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.2 NAME

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.3 STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-560-8030

CR2E034 (12/95)