PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCU Corporation	MENT # P9500008 on Name FAT POCKET	PRODUCTIONS,	INC.				
					The state of the s		
6195 N	e of Business I.W. 186 Street, N Lakes, FL	Mailing Address 10. 411		***			•
					Date Incorporated or Qualifie 11/22/95	Date of 11/22	Last Report 2/95
	lace of Business	Mailing Address			FEI Number		Applied For
Suite: Apt. #, etc.		Suite Act to sta			Applied FOR		Not Applicab ÷
22		Suite. Apt. #, etc.			Certificate of Status Desired		\$8.75 Additional
City & Stat	e	City & State					Fee Required
23		28					\$5.00 May Be
Zip	Country	Zıp	Cour	ntry	` This corporation has liability for		Added to Fees
24	25	29	30	•		es No	nder's 199,032,
	Name and Address of Current	Registered Agent			Name and Address of New		ent
DOUGLA	S D. STRATTON, ES	ο.	ļ	81 Name	-		
407 Lincoln Road, Suite 2B			<u> </u>	82	(P.O. Box Number is Not Accept	ablei	
Mjami Beach, FL 33139							
			[,	83			
Ā			ļī	B4 City		8	5 Zip Code
11. Pursuant	to the provisions of Sections 607.0502 and agent, or both. In the State of Florida	and 607.1508. Floring Statute	s the about	o named some		PL	
or register familiar wit	ed agent, or both, in the State of Florida th, and accept the obligations of, Sect.of	a. Such change was authorize	d by the co	orporation's boa	ration submits this statement for the pard of directors. I hereby accept the ap	urpose of changir	ng its registered office istered agent. I am
SIGNATURE	a di di decept tre obligatione of, occide	in bor boos, Fibrida Statutes.			•	,	and agone rain
	Signature, typed or charge name of registered agent a		E Rogisterea A	gent signature requir	ed when reinstating)	DATE	
7.7.5	OFFICERS AND	DIRECTORS				CATE	
TITLE	Director/President DELETE		1 1 TiTi	.E		☐ CI	hange Addition
NAME CINCEL ADDRESS	TRAHAN, CHARLES		1.2 NAM	16			
STREET ADDRESS	6195 N.W. 186 St	reet, NO. 411	13 STR	EET ADDRESS			
CITY - ST - ZIP TITLE	Miami Lakes, Flo			- ST-ZIP			
NAME		☐ DELETE	2 1 TITL			☐ Cr	hange 🔲 Addition
STREET ADDRESS			2.2 NAM				
CITY - ST - ZIP				ET ADDRESS			
TITLE		☐ DELETE	3 1 TiTL	-ST-ZIP			
NAME			3.2 NAM	- I		☐ Cr	nange 🔲 Addition
STREET ADDRESS				EET ADDRESS			
CHTY - ST - ZIP			3.4 CITY	- 1			
TITLE .		☐ DELETE	4 1 TITL			☐ Ch	nange
IAME			4.2 NAM	Ε			ange
STREET ADDRESS			4 3 STRE	ET ADDRESS			
DITY - ST - ZIP			4 4 CITY	- ST - ZIP			
HTLE AME		☐ DELETÉ	5 1 TITLI			☐ Ch	ange 🔲 Addition
!			5.2 NAMI				
TREET ADDRESS			5 3 STRE	ET ADDRESS			ļ
ITLE		Dinciete	5 4 CITY				<u> </u>
AME		☐ DELETE	6 1111	1	70000190 -07/23/960113	24 97	ange 🔲 Addition
TREET ADDRESS			6.2 NAME		-07/23/960113	36003	
ITY-ST-ZIP				T ADDRESS	***225.00		
	certify that the information supplied with	h this filma is voluntarily furniet	E 4 CITY	ST-ZIP	y the		

receitly that the information supplied with this illing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I surfne oath: that I am an officer or cirector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes: and that my report is report as required by Chapter 607. Florida Statutes: and that my report is report as required by Chapter 607. Florida Statutes: and that my report is report as required by Chapter 607. Florida Statutes: and that my report is report as required by Chapter 607. Florida Statutes: and that my report is report as required by Chapter 607. Florida Statutes: and that my report is report as required by Chapter 607. Florida Statutes: Director/President 7/16/96 (305) 738-±118 SIGNATURE: