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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1	1996	Secret	ary of Sta CORFC f		ONS			
DOCUI	MENT # P9500	0089932 (4)					
	ROCK PRODUCTIONS, INC.							
Principal Place of Business Mailing Addres			ess			I IBBRIODI IID ROLER EHIN DARA DOHIN	AUTIT ODIOL JUNO FUNI	;
	SWOOD RD SUITE 110 ERDALE FL 33312		5201 RAVENSWOOD RD SUITE 110 FORT LAUDERDALE FL 33312					
10111 21001	LIGHTLE IS WOLL	TOTT ENDDENDALE F	r mit			3. Date Incorporated or Qualified	20 Date of Lor	at Doord
						11/22/1995	3a. Date of Las	it Report
	ace of Business	2a. Mailing Address 26 Suite, Apt. #, etc.				4. FEI Number	<u> </u>	Applied For
Suite, Apt.	# etc					Not Applicable		
22	, 0.0.	27				5. Certificate of Status Desired		.75 Additional ee Required
City & State)	City & State			· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5	5.00 May Be
23		28				Trust Fund Contribution	A	dded to Fees
Ζιρ 24	Country Zip 25 29			untry	r	8. This corporation has liability for intangible tax under si 199,032, Florida Statutes Yes No		
	9. Name and Address of Curren	41	[30]	Τ		10. Name and Address of New Ri		
1				81	Name			
	NADINE E			82 Street Addre		ess (P.O. Box Number is Not Acceptable	e)	
5201 RAVENSWOOD RD SUITE 110 FORT LAUDERDALE FL 33312			83					
FORTE	AUDENDALE FL 33312			L				
;				84	City		FI 85	Zip Code
11. Pursuant t	to the provisions of Sections 607,0502	and 607.1508, Florida Statute	es, the abo	Julia Julia	named corpor	ation submits this statement for the purp d of directors. Thereby accept the appo	oose of changing	its registered office
or register familiar wit	ed agent, or both, in the State of Florid th, and accept the obligations of, Section	a. Such change was authoriz on 607.0505, Florida Statutes	ed by the	COA	oration's boar	d of directors. I hereby accept the appo	intment as registe	red agent. Lan:
SIGNATURE _	gariji ili ili ili ili ili ili ili ili ili							
12.	Signature, typed or pricted harve of residensit agent a OFFICERS AND	The state of the s	13.	1 Ages	it sign stone reliquires	ADDITIONS/CHANGES TO OFFI	DATE OF BS AND DIREC	STODS IN 12
TITLE	D	□ DELFTE		TIT LE		ACCITIONS OF PARAGES TO OFFI	Chan	·
NAME	WALD, NOREEN		12 N	IAME.				
STREET ADDRESS	301 N OCEAN BLVD #109		135	THEE	ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33062	E No. cre		1.4 CI1Y - ST - ZIP				
TITLE NAME	FLOYD, NADINE 10370 SW 50TH ST 22			2 ± TI*LE 2 2 NAME 2 3 STREET ADDRESS			☐ Chan	ge 🔲 Addition
STREET ADDRESS								
CITY-ST-ZIP				2.4 CITY - ST - ZiP				
TITLE				3 1 TeTLE			Chan	ge [] Addition
NAME			32 N	AMS	-			
STREET ADDRESS			335	STREE	I ADDRESS			
CITY-ST-ZIP	ET AFF.CS		340	3.4 City - St - ZiP				
TITLE	***			4 1 TITLE			Chan	ge 🔲 Addition
NAME			42 N		}			
STREET ADDRESS CITY-ST-ZIP					ADORESS		_	
TITLE				4.4 CITY - ST - ZIP 5 TTILLE		Former		On Addition
NAME STREET ADDRESS			52 NA			-08/19/06010	4485°	ge Addition
		i		5.3 STREET ADDRESS		5000018644B Addition -06/18/9601009010 ***200.00		
CITY-ST-ZIP					T - ZIP			
TITLE		☐ DELETE	6 1 T				☐ Chan	ge Add-tion
NAME			62 N	AMÉ			_	

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 agricular export 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 on firector of the exporation or the regaliver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or an attachment with an aridress.

SIGNATURE:

MOINTERFORM

DIRECTOR

**DIRECTOR*

**DIRECT

STREET ADDRESS

CITY-ST-ZIP

NADINE FLOYD DIRECTOR

6.3 STREET ADDRESS