

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000095748 (6)

1. Corporation Name

HORIZON FILMS, INC.



Principal Place of Business

Mailing Address

515 SEABREEZE BLVD
SUITE 545
FT LAUDERDALE FL 33316

515 SEABREEZE BLVD
SUITE 545
FT LAUDERDALE FL 33316

3. Date Incorporated or Qualified
12/14/1995

3a. Date of Last Report
FIRST FILING

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
65-0674862

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VINO, RAYMOND
515 SEABREEZE BLVD
SUITE 545
FT LAUDERDALE FL 33316

81 Name

CRAIG GOULD

82 Street Address (P.O. Box Number is Not Acceptable)

515 SEABREEZE BLVD SUITE 545

83

84 City

FORT LAUDERDALE

FL

85 Zip Code
33316

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

Craig Gould President

Signature of the person authorized to register the agent and the applicable

(If-DIR: Registered Agent of signature required when not including

(Date)

6/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D VINO, RAYMOND ☒ DELETE
NAME
STREET ADDRESS 515 SEABREEZE BLVD SUITE 545
CITY- ST- ZIP FT LAUDERDALE FL 33316

11 TITLE PRESIDENT ☒ Change ☐ Addition
12 NAME CRAIG GOULD
13 STREET ADDRESS 515 SEABREEZE BLVD, SUITE 545
14 CITY- ST- ZIP FORT LAUDERDALE, FLORIDA 33316

TITLE ☐ DELETE

21 TITLE ☐ Change ☐ Addition

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY- ST- ZIP

24 CITY- ST- ZIP

TITLE ☐ DELETE

31 TITLE

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY- ST- ZIP

34 CITY- ST- ZIP

TITLE ☐ DELETE

41 TITLE

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY- ST- ZIP

44 CITY- ST- ZIP

TITLE ☐ DELETE

51 TITLE

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY- ST- ZIP

54 CITY- ST- ZIP

TITLE ☐ DELETE

61 TITLE

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY- ST- ZIP

64 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 617, 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

6/26/96

305-832-0411

CR2E034 (3/96)