

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Mar 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P95000098087 (6)**  
 1. Corporation Name  
**RPM PRODUCTIONS, INC.**

Principal Place of Business: **2291 WINSLOW CIRCLE CASSELBERRY FL 32707**  
 Mailing Address: **2291 WINSLOW CIRCLE CASSELBERRY FL 32707**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)  
 2a. Mailing Address (25-30)

3. Date Incorporated or Qualified: **12/29/1995**  
 4. FEI Number: **59-3380610**  
 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 owes or has paid the current year intangible Personal Property Tax due June 30:  Yes  No

9. Name and Address of Current Registered Agent  
**JORDAN F. CAMNER  
 202 LOOKOUT PL, STE 110  
 MAITLAND FL 32751**

10. Name and Address of New Registered Agent  
 81 Name: **Kathie DeFilippo/Parks, Tschopp & Whitcomb, P.A.**  
 82 Street Address (P.O. Box Number is Not Acceptable): **2600 Maitland Center Parkway STE 330**  
 83  
 84 City: **MAITLAND** FL 85 Zip Code: **32751**

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: *Kathie DeFilippo CPA* DATE: **3/11/98**

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ABBOTT, BRUCE	
STREET ADDRESS	339 DAYTONA AVE	
CITY-ST-ZIP	HOLLY HILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAUL, MELANIE	
STREET ADDRESS	6 PEPPER RD	
CITY-ST-ZIP	TOWACO NJ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WOOTTON, L. THOMAS	
STREET ADDRESS	2810 NW 69TH TERR	
CITY-ST-ZIP	GAINESVILLE FL 32808	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PAUL, DOUGLAS	
STREET ADDRESS	6 PEPPER RD	
CITY-ST-ZIP	TOWACO NJ 07082	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOOTTON-MKELL, LYNELL	
STREET ADDRESS	1820 VIA CONTESSA	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GLANER, KIM	
STREET ADDRESS	2291 WINSLOW CIRCLE	
CITY-ST-ZIP	CASSELBERRY FL 32707	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GLANER, STERLING	
1.3 STREET ADDRESS	24 FULTON PLACE	
1.4 CITY-ST-ZIP	Palm Coast FL 32137	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SMITH, ALLEN	
2.3 STREET ADDRESS	37 COCHISE CT	
2.4 CITY-ST-ZIP	Palm Coast FL 32137	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Kim Glaner* DATE: **1-16-98** **407-331-5415**

CR2E034 (10/97)