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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Scoretary of State

DIVISION OF CORPORATIONS

APPL

	1990	Ziles Englatoria d	JE CONFORKTI	0.42		
DOCUMENT # P9600000793 (5) 1. Corporation Name N.I.S. PRODUCTION & PROMOTIONS, INC.						
Principal Place	e of Business	Mailing Address	Mailing Address		i seaman ma mind divit kaliti dilili	RONN BOARS MESSI DONN SOUTH ISSUES INIT INDI
750 S ORANGE BLOSSOM TRAIL SUITE 134 ORLANDO FL 32805		750 S ORANGE BLOSSOM TRAIL SUITE 134 ORLANDO FL 32805				
					3. Date Incorporated or Qualified 12/26/1995	3a. Date of Last Report
<u> </u>	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt. #, etc.		26		59-3359468	Not Applicabi	
22	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	3	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip <b>24</b>	Country	Zip	Country	,	8. This corporation has liability for	
[24]	25 9. Name and Address of Curre	29	30			□ No
	a. Hame and Address of Confe	ent riegistered Agent	81	Name	10. Name and Address of New F	legistered Agent
CHAMRI	ERS, GARY					
750 S ORANGE BLOSSOM TRAIL SUITE 134			. 82	Street Add	dress (P.O. Box Number is Not Acceptat	ile)
	OO FL 32805	2 101	83			
			84	" "		FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.050	02 and 607.1508, Florida State	utes, the above i	named corpo	ration submits this statement for the pur	
	ed agent, or both, in the State of Hol th, and pocept the obligations of Sec			oration's blog	raison submits this statement for the pur and of directors. I hereby accept the app	ointment as registered agent. I am
SIGNATURE	Many Cha		ARY C	HAME	ERS - President	2-5-96
	<del></del>		NOTE: Projectioned Ages	(sgraf e rejza	est where the installing	LIMIT!
12.	OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	
NAME	CHAMBERS, GARY	☐ DELEIŁ	1 1 DITUE			Change 🔲 Addition
STREET ADDRESS	750 S ORANGE BLOSSOM	TRAIL SLITE 194	1.2 NAME			
City-S1-ZiP	ORLANDO FL 32805	HARE COLLE 104	1.3 STREE1			
TIFLE	DV	DELETE	1.4 CHY - S 2.1 TITLE	1 - 711		Change Addition
NAMÉ	CHAMBERS, SHARON	<b>L.3</b>	2.2 NAME			
STREET ADDRESS	750 S ORANGE BLOSSOM	TRAIL SUITE 134	2.3 STREET	ADDRESS		
CITY - ST - ZIF	ORLANDO FL 32805		2.4 CITY - S			
TITLE		DELETE.	3 1 TITLE	· <del>-</del> ::		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-7IP		***************************************	3.4 CITY - S	T - 7.P		
TITLE		☐ DELF1E	4 1 TILE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	I - ZIF		
TITLE NAME		☐ DELETE	5 1 TIFLE			Change Addition
STREET ADDRESS			5.2 NAME			
CITY - ST - ZIP			5 3 STREET			
TITLE		☐ DELETE	5.4 City - S	I - ZIP		Charter D Asset
NAME			6 1 THTLE			Change Addition
STREET ADDRESS			6.2 NAME	ADDOLOG		
CITY-S1-ZIP			6.3 STREET 6.4 C-TY-S			
			■ 64LHY-S	1 · 201		

14. I do hereby certify that the information supplied with this filing is voluntarily formished 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 or hanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPEOOR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

2-5-46 407-426-7346