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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000009646 (6)

FILED Apr 22 1998 8:00am Secretary of State

FELLOWS PRODUCTIONS, INC.							
Principal Plac	e of Rusiness	Mailing Address			-	'AI' Ba ine Baine Baine Baine B each B each fool	
206 OLD VENICE ROAD P.O. BOX 505							
OSPREY FL 34229 OSPREY FL 34229				DO NOT WRITE IN THIS SPACE		INITUIO CONCE	
					3. Date Incorporated or Qualified	IN THIS SPACE	
					01/29/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21					65-0641704	Not Applicable	
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State				Fee Required	
	e	⊢ ₁ '	-n '		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	28 Country Zip Co		Country		This corporation owes or has particular to the second of the second		
24	25	—¬ ' ⊢	30		Personal Property Tax due June		
	9. Name and Address of Curren				10. Name and Address of New Re	gistered Agent	
W	HITFIELD, JOAN		81 Na	ame		,	
2233 PHILLIPPI ST				reet Addre	ess (P.O. Box Number is Not Acceptable)		
Sara s ota fl 34231							
	•		83			1	
			84 Ci	ty		FL 85 Zip Code	
11 Purguant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statutes	s the above-na	med corpo	ration submits this statement for the n	Europse of changing its registered	
office or r	egistered agent, or both, in the State	of Florida. Such change was au	thorized by the	corporatio	oration submits this statement for the pon's board of directors. I hereby accept	of the appointment as registered	
	im timillar with, and accept the doilga	alibina of, Section 607,0505, Fior	nda Siaitijes.	11-2	ald 4	# 11 a g/	
SIGNATURE	and turn typed or printed hance of registere and	nt and title it applicable (NOTE:	Registered Agent sig	riature required	d when reinstaling)	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	0 7	☐ DELETE	1.1 TITLE			Change Addition	
NAME	1 2220 110 1100 2111		1.2 NAME			ľ	
STREET ADDRESS	 ••		1.3 STREET ADDRESS			į.	
CITY-ST-ZIP	OSPREY FL 34229	DELETE	1.4 CITY-ST-ZIP	<u></u>		Change Addition	
TITLE	D BELLOWS WENDY N		2.1 TITLE 2.2 NAME			E change E Radiiion	
NAME Street address	FELLOWS, WENDY M 10538 PINYON AVE.		2.3 STREET ADDRESS				
CITY-ST-ZIP	TUJUNGA CA 91042		2. 4 CITY-ST-ZIP				
TITLE	D DELETE		3.1 TITLE			☐ Change ☐ Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADD	ESS			
CITY-ST-ZIP	NASHUA NH		3.4. CITY-S1-ZI	>			
TITLE		DELETE	4.1 TITLE			Change Addition	
NAME			. 4.2 NAME				
STREET ADDRESS			4.3 STREET ADDI	IESS			
CITY-\$T-ZIP		T DELETE	4.4 CITY-ST-ZIP			Change Addition	
TITLE		☐ DELETE	5.1 TITLE			[] Change L Addition	
NAME			5.2 NAME	ree			
STREET ADDRESS			5.3 STREET ADDI	l l			
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIF 6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDI	RESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIF				
	certify that the information supplied w	ith this filing does not qualify for			Section 119 07(3)(i). Florida Statutes, I	further certify that the information	

indicated on this annual report or supplied will his ming does not quality for the exemptor stated in Section 119.07(5)(f), Florida Statutes. Inditide the inditidated 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.