FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FILED FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Jun 09 1997 8:00am ANNUAL REPORT Secretary of Stafe-b **DIVISION OF CORPORATIONS** Secretary of State 96000021868 **DOCÚMENT#** Florida Productions INC. Principal Place of Business 3200 N.E. 14th 5+ Mailing Address 3640 N. FEDERAL Huy. Light house Pt. 70. DO NOT WRITE IN THIS SPACE. 3. Date Incorporated or Qualified 3a. Date of Last Report 37064 3-11-96 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 65-064-7623 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zφ Country Country This corporation has liability for intangible tax under S. 199.032, Ú S Yes 🗋 No 24 30 Florida Statutes 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name J. TENLAND JA Street Address (P.O. Box Number is Not Acceptable) 3640 N. FEODRAL HWY 83 330.6 C Lighthauxa 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 of South of the Statute of South of South of the Statute of South of the Statute of South of the South of Sout SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition TITLE Phes. 1.110116 NAME WAYNE WIGGINS 1.2 NAME 5448 ANE C+. STREET ADDRESS I 3 STREET ADDRESS Fl. 33067 CORAL SP. CITY-ST- ZIP 14 CITY-ST-ZIP Change TITLE Sect/TREAD 2 1 TITLE Addition NAME GAMY SALTER. 300 MZ. 5th AUG. 22 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE 3 1 TITLE Change Addition 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY - ST - ZIP TITLE 41 TITLE Addition NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY - ST - ZIP 4 4 CITY - S1 - ZIP TITLE 5.1 TITLE 5 2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST - ZIP TITLE 61 TITLE 100002210951 -06/13/97--01003--004 NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS ***165.00 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 actual 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 programment with a director.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR