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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000041557

1. Corporation Name

MILE HIGH PRODUCTIONS, INC.

Pri	ncipa	al Place	e of	Bu	siness
		~~.~			_

Mailing Address

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90093 017 ***150.00



941 NO STATE PLANTATION FL		941 NO STATE ROAD 7 PLANTATION FL 33317			DO NOT WRITE 3. Date Incorporated or Qualifed 05/14/1996	IN THIS S		
Principal Place of Business 2a. Mailing Address				<u>.</u>	4. FEI Number		→	Applied For
21		26			65-0665142			Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Fee F	Additional Required
City &: State		City & State		جنجي جن	6. Election Campaign Financing Trust Fund Contribution	Õ	•	0 May Be d to Fees
Zip	Country 25	Zip 3	Country	_	This corporation owes the current Personal Property Tax.		☐ Yes	□No
1	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	jistered A	gent	
		-	81	Name				
BOND, ARTHUR 941 NO STATE ROAD 7 PLANTATION FL 33317			82	Street Ad	dress (P.O. Box Number is Not Acceptable	e)		
			83					7
			84	,		FŁ		p Code
	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	and 607,1508, Florida Statutes of Florida. Such change was aut ions of, Section 607,0505, Florid	the above thorized by da Statutes	e-named co the corpora	rporation submits this statement for the pution's board of directors. I hereby accept to	irpose of c the appoin	hanging i tment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legistered Age	nt signature requ	ired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	CERS AND		
TITLE	D	☐ DELETE	1,1 TITLE				☐ Change	e 🔲 Addition
NAME	KANTOR, STEVEN M		1.2 NAME					
STREET ADDRESS	200 SO PINE ISLAND ROAD ST	E 206	1.3 STREE	TADDRESS				ļ
CITY-ST-ZIP	PLANTATION FL 33324		1.4 CITY-S	T-ZIP	<u></u>			
TITLE	D	☐ DELETE	2.1 TITLE				Chang	e
NAME	BOND, ARTHUR		2.2 NAME					
STREET ADDRESS	941 NO STATE ROAD 7		2.3 STREE	TADORESS	•			ľ
CITY-ST-ZIP	PLANTATION FL 33317		2.4 CITY-	ST-ZIP				
	- PANIAHON 1 C 000 II	☐ DELETE	3.1 TITLE				☐ Chang	e Addition
ا جوتياتين NAME		<u>⊶</u> ,	3.2 NAME				· ·	· · · · · · · · · · ·
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			3.4. CITY-	L				
TITLE		☐ DELETE	4.1 TITLE			•	Chang	e Addition
NAME			4. 2 NAME					j
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			4.4 CITY-S					
TITLE		☐ DELETE	5.1 TITLE				☐ Chang	je 🔲 Addition
NAME	•		5.2 NAME	•	٠,			ļ
			5.3 STREE	TADDRESS	·			
STREET ADDRESS	'		5.4 CITY-5			•		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE				Chang	e Addition
TITLE			6.2 NAME				_ •	_
NAME				T ADDRESS				ļ
STREET ADDRESS			64 CITY-5					
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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, with all other like empowered.

SIGNATURE: