

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

FILED

Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000043974 (0)

1. Corporation Name

QUADRIGA PRODUCTIONS, INC.



Principal Place of Business

201 SOUTH ORANGE AVENUE #800
ORLANDO FL 32801

Mailing Address

201 SOUTH ORANGE AVENUE #800
ORLANDO FL 32801-3472

2. Principal Place of Business

21 1301 E. LANDSTREET RD.

Suite, Apt. #, etc.

22

City & State

23 Orlando, FLORIDA

Zip

24 32824

Country

25 USA

2a. Mailing Address

26 1301 E. LANDSTREET RD.

Suite, Apt. #, etc.

27

City & State

28 Orlando, FL

Zip

29 32824

Country

30 USA

3. Date Incorporated or Qualified

05/15/1996

3a. Date of Last Report

N/A

4. FEI Number

59-3386177

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STAMP, MARTIN F
201 SOUTH ORANGE AVENUE #900
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

STAMP, MARTIN F

82 Street Address (P.O. Box Number is Not Acceptable)

940 HIGHLAND AVENUE

83

84 City

Orlando,

FL

85 Zip Code

32803

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JWA BEVAN
1.3 STREET ADDRESS	2350 WHISPER HILLS DR
1.4 CITY - ST - ZIP	ORLANDO, FL 32837
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	M. PATRICK EVENSON
2.3 STREET ADDRESS	6703 BANNER LAKE CIRCLE #10105
2.4 CITY - ST - ZIP	ORLANDO, FL 32821
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	THOMAS D. PICKFORD
3.3 STREET ADDRESS	6030 OAK BEND ST. #9502
3.4 CITY - ST - ZIP	ORLANDO, FL 32835
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 do 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)