

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000050875 (9)

1. Corporation Name

AMY AMDUR PRODUCTIONS, INC.

Principal Place of Business

~~13899 BISCAYNE BLVD.~~
~~SUITE 106~~
~~NORTH MIAMI BEACH FL 33181~~

Mailing Address

13899 BISCAYNE BLVD.
SUITE 106
NORTH MIAMI BEACH FL 33181



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 20351 NE 10 th CT	26 20351 NE 10 th CT
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 MIAMI FL	28 MIAMI FL
24 33179	29 33179
25 USA	30 USA

3. Date Incorporated or Qualified

06/13/1996

4. FEI Number

APPLIED FOR 650754502

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AMDUR, AMY
~~13899 BISCAYNE BLVD.~~
~~SUITE 106~~
~~NORTH MIAMI BEACH FL 33181~~

10. Name and Address of New Registered Agent

81 Name	AMY AMDUR
82 Street Address (P.O. Box Number is Not Acceptable)	20351 NE 10 th CT
83	
84 City	MIAMI
85 Zip Code	FL 33179

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DIRECTOR
NAME	AMDUR, AMY	1.2 NAME	AMY AMDUR
STREET ADDRESS	% 13899 BISCAYNE BLVD. SUITE 106	1.3 STREET ADDRESS	20351 NE 10 th CT
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33181	1.4 CITY-ST-ZIP	MIAMI, FL 33179
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 in an attachment, with an address.

SIGNATURE: X



AMY AMDUR

5-1-98

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CR2E034 (10/97)