

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 10 1997 8:00am
Secretary of State

DOCUMENT # P96000051071 (4)

1. Corporation Name

BAL HARBOUR PRODUCTIONS, INC.



Principal Place of Business

9500 COLLINS AVE
BAL HARBOUR FL 33154

Mailing Address

9500 COLLINS AVE
BAL HARBOUR FL 33154-2613

3. Date Incorporated or Qualified

06/12/1996

3a. Date of Last Report

2. Principal Place of Business

21 9540 COLLINS AVE

Suite, Apt. #, etc.

22 City & State

23 BAL HARBOUR, FL

24 Zip

33154

Country

25 USA

2a. Mailing Address

26 9540 COLLINS AVE

Suite, Apt. #, etc.

27 City & State

28 BAL HARBOUR, FL

29 Zip

33154

Country

30

4. FEI Number

65-0679625

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

LEVINE, JERROD M ESQ.
9500 COLLINS AVE
BAL HARBOUR FL 33154

10. Name and Address of New Registered Agent

81 Name

LEVINE, JERROD M.

82

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

9540 COLLINS AVE

83

84

City

BAL HARBOUR

FL

85

Zip Code

33154

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

1-31-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
LEVINE, JERROD M
9500 COLLINS AVE
BAL HARBOUR FL 33154

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
SHERIDAN, MARC
9500 COLLINS AVE
BAL HARBOUR FL 33154

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
LIPSKAR, SHOLOM RABBI
9500 COLLINS AVE
BAL HARBOUR FL 33154

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
D
LEVINE, JERROD M
9540 COLLINS AVE
BAL HARBOUR FL 33154

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
D
SHERIDAN, MARC
9540 COLLINS AVE
BAL HARBOUR FL 33154

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
D
LIPSKAR, SHOLOM RABBI
9540 COLLINS AVE
BAL HARBOUR FL 33154

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERROD M. LEVINE 2/3/97 (305) 867-1814

Date

Daytime Phone #

0000001

CR2E034 (9/96)