

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 21 1997 8:00am  
Secretary of State

DOCUMENT # P96000060727 (0)

1. Corporation Name  
BLUE SMOKE PRODUCTIONS, INC.

Principal Place of Business

2630 CLARINET DRIVE  
ORLANDO FL 32837

Mailing Address

2630 CLARINET DRIVE  
ORLANDO FL 32837-7080

3. Date Incorporated or Qualified

07/19/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

27

Zip

Country

29

30

4. FEI Number

59-3394024

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

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

TITLE D ☐ DELETE  
NAME GREENE, RANDALL C  
STREET ADDRESS 2630 CLARINET DRIVE  
CITY-ST-ZIP ORLANDO FL 32837

TITLE D/T ☐ DELETE  
NAME YOUNG, KIRK B  
STREET ADDRESS 2575 SWEETWATER TRAIL  
CITY-ST-ZIP MAITLAND FL 32751

TITLE D ☐ DELETE  
NAME MCCULLEN, BRUCE R  
STREET ADDRESS 8324 FOXWORTH CIRCLE  
CITY-ST-ZIP ORLANDO FL 32819

TITLE D ☐ DELETE  
NAME SMOTHERS, TONY R  
STREET ADDRESS 3621 OKEECHOBEE ROAD  
CITY-ST-ZIP CASSELBERRY FL 32702

TITLE D ☐ DELETE  
NAME DUNLAP, TODD R  
STREET ADDRESS 1301 BOBCAT COURT  
CITY-ST-ZIP APOPKA FL 32712

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE T/D ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE C ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE S/D ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE VP/D ☒ 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

KIRK B. YOUNG

2/15/97

Date

407-425-0018

Daytime Phone #

CR2E034 (9/96)