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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000061171 (0)

RAD PRODUCTIONS, INC.

FILED May 01 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Add	iress			a cantifite tim inim diets dutis niitt mutt dutin ditter tione tilbil (Bull tent that		
1001 PAUL RUSSELL ROAD			P.O. BOX 7161			İ		
TALLAHASSEE FL 32301		TALLAHAS	TALLAHASSEE FL 32314-7161			DO NOT WRITE IN TH	HO COACE	
						3. Date Incorporated or Qualified	III OF ACL	
						07/22/1996		
2. Principal P	lace of Business	2a. Mailing /	Address			4. FEI Number	Applied For	
21		26				NOT APPLICABLE	Not Applicable	
Sulte, Apt.	#, e1c.		ot. #, etc.				\$8.75 Additional	
22		27				5. Certificate of Status Desired	Fee Required	
City & Stat	6		City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28				Trust Fund Contribution	Added to Fees	
Zip	Country	Zip		Country		8. This corporation owes or has paid the	current year Intangfole	
24	25	29	30			Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Curre	ent Registered Age	ent			10. Name and Address of New Register	ed Agent	
Di	XON, RENITA A			81	Name	•		
1001 PAUL RUSSELL ROAD				82	Street	Address (P.O. Box Number is Not Acceptable)		
TA	LLAHASSEE FL 32301							
				83				
				84	City		95 Zin Codo	
				184	City	F	L 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, I	Florida Statutes, t	he above	-named	d corporation submits this statement for the nurses	e 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. Hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE								
40	Signature typed or printed name of registered a		(NOTE: Rec		int signature	re required when reinstating) DATI		
12.	DBM OFFICERS AF	ND DIRECTORS	DELETÉ	13.		ADDITIONS/CHANGES TO OFFICERS A	Change Addition	
TITLE	ROSIER, PEARLY M	L	_ DECENE	1.1 TITLE			Credibe C Noorion 1	
NAME	3429 N. RIDGE RD			1.2 NAME				
STREET ADDRESS	TALLAHASSEE FL 32314			1.3 STREET				
CITY-ST-ZIP TITLE	INCOMMODEE PE 32314		DELETE	1.4 CHTY-S 2.1 TITLE	I - ZIP		Change Addition	
		L	_ Decere				Cualific C vocation 1.	
NAME				2.2 NAME				
STREET ADDRESS			J	2.3 STREET			J	
CITY-ST-ZIP		····-		2. 4 CITY - 5			Change Addition	
TITLE		L	TI DEFERE	3.1 TITLE	•		Figure Fivoluou	
NAME OTREET ADDRESS				3.2 NAME	10000			
STREET ADDRESS]	3.3 STREET				
CITY-ST-ZIP	-		DELETE	3.4. CITY - S	51- <i>E</i> IP		Change Addition	
TITLE NAME		L	→ Arreir	4.1 TITLE			CT AUGUDE CT WOUTHOU	
STREET ADDRESS				4. 2 NAME	1000000		1	
			ł	4.3 STREET		1	1	
CITY-ST-ZIP			DELETE	4.4 CITY - S	1 - ZIP		Change Addition	
TITLE		L	J DELETE	5.1 TITLE		1 /h	Change	
NAME ATARET ADDOCCO			ı	5.2 NAME	ADDDD000	/Lh	不 / .	
STREET ADDRESS			ı	5.3 STREET		1 91)		
CITY-ST-ZIP			DELETE	5.4 CITY - S	ı - ZIP	10	Change Addition	
TITLE		L		6.1 TITLE			(
NAME			4	6.2 NAME		700002508 : -05/04/9801026-	9 <u>7</u> 7	
STREET ADDRESS				6.3 STREET		-05/04/9801026-	-007	
CITY-ST-ZIP				6.4 CITY-S	T-21P	***150.00		

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 chapted, or on an attachment with an address. e)