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Apr 25 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 # P96000062058 (8)

1. Corporation Name
CURTAIN-UP PRODUCTIONS, INC.



Principal Place of Business
11611 SOUTHWEST 10 STREET
PEMBROKE PINES FL 33025

Mailing Address
11611 SOUTHWEST 10 STREET
PEMBROKE PINES FL 33025-4327

3. Date Incorporated or Qualified
07/24/1996

3a. Date of Last Report
Never

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0683788

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
943 ALMERIA AVENUE
CORAL GABLES FL 33134

81. Name

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

11611 SW 10 STREET

83.

84. City

FL

85. Zip Code

33025

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
PSD
PHILLIPS, IRA
STREET ADDRESS
11611 SOUTHWEST 10 STREET
CITY-ST-ZIP
PEMBROKE PINES FL 33025

11. TITLE ☐ Change ☒ Addition

12. NAME
PHILLIPS, IRA
13. STREET ADDRESS
4800 NW 22 St
14. CITY-ST-ZIP
COCONUT CREEK FL 33063

TITLE ☐ DELETE

NAME
VTD
CIRESI, JOE
STREET ADDRESS
11611 SOUTHWEST 10 STREET
CITY-ST-ZIP
PEMBROKE PINES FL 33025

2.1. TITLE ☐ Change ☐ Addition

2.2. NAME
2.3. STREET ADDRESS
2.4. CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1. TITLE ☐ Change ☐ Addition

3.2. NAME
3.3. STREET ADDRESS
3.4. CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1. TITLE ☐ Change ☐ Addition

4.2. NAME
4.3. STREET ADDRESS
4.4. CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1. TITLE ☐ Change ☐ Addition

5.2. NAME
5.3. STREET ADDRESS
5.4. CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 on 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

4/2/97 (04)979-1139

CR2E034 (9/96)