FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 06 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 # ~~H96000010739~~ P96000065066

JUMP IN PRODUCTIONS, INC.
20255 NW 6th Avenue
Miami, FL 33169

Principal Place of Business	Mailing Address
20255 NW 6th Avenue Miami, FL 33169	20255 NW 6th Avenue Miami, FL 33169

3. Date Incorporated or Qualified: 8/2/96
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30 U.S.A.

4. FEI Number: 65-0686350 — 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

Stanley B. Lewis
20255 NW 6th Street
Miami, FL 33169

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 ____________________ DATE

NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	D/P	☐ DELETE
NAME	James L. Clay	
STREET ADDRESS	2145 C, Puni Hele Court	
CITY-ST-ZIP	Wahiawa, Hawaii 96786	
TITLE	D/VP	☐ DELETE
NAME	Sean Gee	
STREET ADDRESS	2145 C, Puni Hele Court	
CITY-ST-ZIP	Wahiawa, Hawaii 96786	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D/S	☒ Change ☒ Addition
3.2 NAME	Alicia M. Duty	
3.3 STREET ADDRESS	98-1751 B Kauhumanu Street	
3.4 CITY-ST-ZIP	Aiea, Hawaii 96701	
4.1 TITLE	D/VP	☐ Change ☒ Addition
4.2 NAME	Stanley B. Lewis	
4.3 STREET ADDRESS	20255 NW 6th Avenue	
4.4 CITY-ST-ZIP	Miami, FL 33169	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		CS 5/6/97
5.4 CITY-ST-ZIP		
6.1 TITLE	600002171646	☐ Change ☐ Addition
6.2 NAME	-05/08/97--01099--056	
6.3 STREET ADDRESS	***173.75	
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: Stanley B. Lewis, Vice President — 4/29/97 — (808) 622-5072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Stanley B. Lewis

CR2E034 (9/96)