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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Mar 04, 1999 8:00 am Secretary of State Secretary of State

03-04-1999 90260 014 ***150.00

FILED

D	OCI	JME 1	NT#	P96	0000	0672	246

1. Corporation Name

IMAGE POINT PRODUCTIONS, INC.

Principal Place of Busines	5
1623 LENOX AVE #15	
LUALS DEACH EL 20120	

Mailing Address

1623 LENOX AVE.. #15



MIAMI BEACH F	FL 33139	MIAMI BEACH FL 33139			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 08/13/1996		4.5.		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		App	olied For	
21 1300	Colliums Ave	26 1300 Collis	ns AUC	1C 65-0689383			Not	Applicable	
Suite, Apt. #, etc. 22 205 Suite, Apt. #, etc. 27 205					5. Certifcate of Status Desired		\$8.75 Additional Fee Required		
City & State City & State					6. Election Campaign Financing	\$	5.00	May Be	
23 MIAM		28 MIAMI BEX		40	Trust Fund Contribution		dded to	Fees	
zip 24 33 (39 25 Country	<u> </u>	Country 30		This corporation owes the current year learning Personal Property Tax.	∏ Ye	s 🧸	€No	
	9. Name and Address of Currer	it Registered Agent		г	10. Name and Address of New Registere	d Agent			
	a appletia ta		81	Name					
	IA, ADRIANA M		82	82 Street Address (P.O. Box Number is Not Acceptable)					
	B LENOX AVE., #15								
MAN	MI BEACH FL 33139		83						
			84	City	F	85	Zip C	ode	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the abov	l e-named	corporation submits this statement for the nurpose	of chanc	ing its	registered	
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	itnorizea dy	tne corpo	oration's board of directors. I hereby accept the app	omunen	ı as reţ	Jistered	
SIGNATURE					equired when reinstating) DATE				
	Signature, typed or printed name of registered age:		Registered Age 13.	nt signature r	equired when reinstating) DATE (ADDITIONS/CHANGES TO OFFICERS)	AND DIE	FCTO	RS IN 12	
12.		ID DIRECTORS	1.1 TITLE		PS .		hange	Addition	
TITLE	P\$	- DELETE	1.2 NAME		WETTO ATTRIBUTE KI			_	
NAME	MEJIA, ADRIANA M			T ADDRESS	1300 (0/1/2) A10 # 2:01				
STREET ADDRESS	1623 LENOX AVE., #15				METTA, ADRIANA M. 1300 Collins Ne # 205 MIANI BEACA, FLA 33139	7			
CITY-ST-ZIP	MIAMI BEACH FL 33139	☐ DELETE	1.4 CITY- S 2.1 TITLE	T-ZIP	ICHMI BEACH, MA 3313	<u>,</u>	hange	Addition	
TITLE		[] Occert						_	
NAME			2.2 NAME		•				
STREET ADDRESS			1	TADDRESS					
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-	ST-ZIP			hange	Addition	
TITLE			3.1 TITLE			۰	nungo		
NAME			3.2 NAME		4				
STREET ADDRESS				T ADDRESS	• • - •		-	•	
CITY-ST-ZIP		☐ DELETE	3.4. CITY- 4.1 TITLE	SI-ZIP		ПС	hange	Addition	
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NAME				T ADDRESS					
STREET ADDRESS									
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TITLE		522272	5.2 NAME				•		
NAME				T ADDRESS					
STREET ADDRESS			5.4 CITY-5						
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			ПС	hange	☐ Addition	
TITLE			6.2 NAME				•	_	
NAME.			1	T ADDRESS					
STREET ADDRESS			64 CITY-9						

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: