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

FILED
Jun 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000071408 (4)**

1. Corporation Name
MADD FLAVA PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
1175 KINGS RD JACKSONVILLE FL 32205 US	821 VICTORIA ST JACKSONVILLE FL 32206 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 7415 New Kings Rd
Suite, Apt. #, etc.
22 Jax. Fla
City & State
23
Zip 24 32219 Country 25 US

2a. Mailing Address
26 821 Victoria St
Suite, Apt. #, etc.
27
City & State
28 Jax. Fla
Zip 29 32206 Country 30

3. Date Incorporated or Qualified
08/28/1996

4. FEI Number 59-3342041 ☐ Applied For ☐ Not Applicable
APPLIED FOR

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**
WALKER, WILLIE J ESQ.
140 EAST BAY STREET
JACKSONVILLE FL 32202

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D CEO President	☐ DELETE	1.1 TITLE	Secretary	☐ Change ☑ Addition
NAME	WHITE, LAMAR		1.2 NAME	Willona A. White	
STREET ADDRESS	821 VICTORIA STREET		1.3 STREET ADDRESS	821 Victoria St. Jax	
CITY-ST-ZIP	JACKSONVILLE FL 32206		1.4 CITY-ST-ZIP	Jax. Fla 32206	
TITLE	D Secretary	☐ DELETE	2.1 TITLE	~~Secretary~~	☐ Change ☑ Addition
NAME	WHITE, BELINDA		2.2 NAME	Laura J. White	
STREET ADDRESS	821 VICTORIA STREET		2.3 STREET ADDRESS	821 Victoria St	
CITY-ST-ZIP	JACKSONVILLE FL 32206		2.4 CITY-ST-ZIP	Jax. Fla. 32206	
TITLE	D	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SIMS, J.C		3.2 NAME		
STREET ADDRESS	9525 SCADLOCKE RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	D ~~President~~ Vice President	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, WILLIAM		4.2 NAME		
STREET ADDRESS	821 VICTORIA STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32206		4.4 CITY-ST-ZIP		
TITLE	D ~~Vice President~~	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROMA, LEON		5.2 NAME		
STREET ADDRESS	2612 BEAVER BROOK PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE	D ~~Vice President~~	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LEON, ANTONIO		6.2 NAME		
STREET ADDRESS	2612 BEAVERBROOK PLACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32205		6.4 CITY-ST-ZIP		

5.30

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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.