

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90011 021 ***150.00

DOCUMENT # P96000078974

1. Corporation Name
HAXAN FILMS, INC.

Principal Place of Business

9460 DELEGATES DR
STE 107
ORLANDO FL 32837
US

Mailing Address

9460 DELEGATES DR
STE 107
ORLANDO FL 32837
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1996

4. FEI Number

59-3469833

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

O'BAKER, GENE
101 SUNNYTOWN RD., STE 200
CASSELBERRY FL 32707

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

TITLE ☐ DELETE
NAME ST
ST HALE, GREGG
STREET ADDRESS 1204 ELMWOOD ST.
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ DELETE
NAME P
NAME MYRICK, DAN
STREET ADDRESS 2225 METROPOLITAN WAY #1216
CITY-ST-ZIP ORLANDO FL 32839

TITLE ☐ DELETE
NAME V
NAME SANCHEZ, ED
STREET ADDRESS 13710 LARKSONG DR.
CITY-ST-ZIP GERMANTOWN MD 20874

TITLE ☐ DELETE
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T ☒ Change ☐ Addition
1.2 NAME HALE, GREGG
1.3 STREET ADDRESS 1204 ELMWOOD ST.
1.4 CITY-ST-ZIP ORLANDO FL 32801

2.1 TITLE P ☒ Change ☐ Addition
2.2 NAME MYRICK, DAN
2.3 STREET ADDRESS 11320 PINK BLOSSOM CT.
2.4 CITY-ST-ZIP ORLANDO FL 32821

3.1 TITLE V ☒ Change ☐ Addition
3.2 NAME SANCHEZ, ED
3.3 STREET ADDRESS 11320 PINK BLOSSOM CT.
3.4 CITY-ST-ZIP ORLANDO FL 32821

4.1 TITLE S ☐ Change ☒ Addition
4.2 NAME MIKE MONELLO
4.3 STREET ADDRESS 711 1/2 PARK LAKE CIRCLE
4.4 CITY-ST-ZIP ORLANDO FL 32803

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

GREGG HALE

4-20-99

Date

(407)895-4370

Daytime Phone #

CR2E034 (11/98)

0091050