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PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000084904 (7)

Block 12 or Block 13 if changed, or on an attachment with an address.

TAKE ONE PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

FILED May 19 1998 8:00am Secretary of State



2-14-96

110 BATH STREET 110 BATH STREET TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/11/1996 4. FEI Numbe Applied For 59-3410483 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Name and Address of Current Registered Agen 10. Name and Address of New Registered Agent Name WALSH, DENNIS P 110 BATH STREET TARPON SPRINGS FL 34689 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 circetors. 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change ___ Addition PSD TITLE 1.1 TITLE WALSH, DENNIS P 1.2 NAME NAME 9416 Weeping Willow Lane Port Richey FL 34668 1.3 TREET ADDRESS 110 BATH STREET STREET ADDRESS **TARPON SPRINGS FL 34689** 14 BITY-ST-ZIP CITY-ST-ZIP DELETE WALSH, ERIN 22 NAME 110 BATH STREET 2.3 STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 City-St-ZiP CITY-ST-ZIP DELETE ☐ Change ■ Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 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