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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Sep 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600085275 (1)

ENTERTAINMENT PRODUCTION SYSTEMS, INC.

Principal Place of Business Mailing Address					411 40 161 101 01 8 1114 11011 1 4161 8111 1 10 1
2221 N FORSYTH RD SUITE I ORLANDO FL 32802-5335		2221 N FORSYTH RD SUITE I ORLANDO FL 32807-5335		3. Date Incorporated or Qualified 3a. Date of Last Report	
2. Principal Place of Business		2a. Mailing Address		10/14/1996 4. FEI Number	N/FF Applied For
21		26		59-340919	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		E Contificate of Clatus Decised	\$8.75 Additional
22	***	27		5. Certificate of Status Desired	Fee Required
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Z _i p	Country	Trust Fund Contribution	Added to Fees
24	25		30	 This corporation has liability for Florida Statutes 	r intangible tax under s. 199.032, Yes No
- <u></u>	9. Name and Address of Current		301	10. Name and Address of New R	
GAR	AFOLA, DENISE M		81 Name		
2024 ALEODEVIU DO			92 Street	of Address /P.O. Pay Number is Not Acceptable)	
			02 3000	82 Street Address (P.O. Box Number is Not Acceptable)	
	ANDO FL 32802-5335		83		
			84 City		FL 85 Zip Code
Office of r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	N Florida. Such chango was a	uthorized by the cor	f corporation submits this statement for the poration's board of directors. I hereby acce	purpose of changing its registered ppt the appointment as registered
SIGNATURE	,	, , , , , , , , , , , , , , , , , , , ,			
	Signature, typed or printed name of registered agen		: Registered Agent signature	e required when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	
TITLE	D	☐ DELETE	1.1 TITLE	vice plesident	Change Addition
NAME	ZORICH, MARK J		1.2 NAME		
STREET ADDRESS	14600 GAINESVOROUGH DR		1.3 STREET ADDRESS		ļ
CITY-ST-ZIP	ORLANDO FL 32826-4004	I I not the	1.4 CITY - ST - ZIP		
TETLE	D CARAGOLA PENIOR IA	☐ DELETE	2.1 TITLE	PLESIDENT	☐ Change ☐ Addition
NAME	GARAFOLA, DENISE M		2.2 NAME		
STREET ADDRESS	14600 GAINESVOROUGH DR		2.3 STREET ADDRESS		·
CITY-ST-ZIP	ORLANDO FL 32826-4004	DELETE	2.4 CITY-S1-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CITY-ST-ZIP		Observed D. Market
NAME		[Ditti	4.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			4. 2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		☐ DELETE	4.4 CiTY-ST-ZIP 5.1 TITLE		Change Addition
NAME		□ veten	5.2 NAME		Change Change
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP	•				
TITLE		DELETE	5.4 CHTY-ST-ZIP 6.1 TrTLE		Change Addition
NAME			6.2 NAME		Commiger ET MOTITION
STREET ADDRESS			6.3 STREET ADDRESS		
CITY_ST_7ID			CACITY OF THE		

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 incurrate 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 employee to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or on an attachment with an address.