

MAY 1ST IS \$550.00

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

FILED
Feb 17, 1999 8:00 am
Secretary of State

02-17-1999 90103 042 ***150.00

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DOCUMENT # P96000085275

1. Corporation Name

ENTERTAINMENT PRODUCTION SYSTEMS, INC.

Principal Place of Business

2221 N FORSYTH RD
 SUITE I
 ORLANDO FL 32802-5335

Mailing Address

2221 N FORSYTH RD
 SUITE I
 ORLANDO FL 32802-5335

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1996

4. FEI Number

59-3409195

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing ☐**\$5.00** May Be Added to Fees8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

GARAFOLA, DENISE M
 2221 N FORSYTH RD
 SUITE I
 ORLANDO FL 32802-5335

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

OFFICERS AND DIRECTORS

12. TITLE VP ☐ DELETE

NAME ZORICH, MARK J
 STREET ADDRESS 14600 GAINESBOROUGH DR
 CITY-ST-ZIP ORLANDO FL

13. TITLE P ☐ DELETE

NAME GARAFOLA, DENISE M
 STREET ADDRESS 14600 GAINESBOROUGH DR
 CITY-ST-ZIP ORLANDO FL

14. TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

15. TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

16. TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

17. TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

Denise M. Garafola
 DENISE M. GARAFOLA

Date

Daytime Phone #

1/15/99 407-6796665

CR2E034 (11/98)