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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000091038 (5) DOCUMENT #

PEPILU PRODUCTIONS, INC.

FILED May 08 1998 8:00am Secretary of State



Principal Place	of Business	Maitin	Mailing Address				. Lantindt, sim farte dette anter narti antif raft ibibl iffil daibn illa! 1841 (481			
4400 HILLCREST DR., STE. 412		4400	4400 HILLCREST DR., STE. 412							
HOLLYWOOD	FL 33021	HOL	LYWOOD FL 33021				DO NOT WINET WA			
							DO NOT WRITE IN T	HIS SPACE		
							3. Date Incorporated or Qualified 11/04/1996			
2 Principal Pl	ace of Business	9a M	ailing Address	 -			4. FEI Number		14-0-15	
21	ace of Cusinoss	 	h				65-0705432	_	Applied For	
Suite, Apt.	# AIC		Suite, Apt. #, etc.				0070700432	<u> </u>	Not Applicable	
22	, 90.		27				5. Certificate of Status Desired		75 Additional e Regulred	
City & State			City & State				A Flatin Committee Financia			
23		·	28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zı	0	Co	untry	,				
24	25	29	•	30	,		 This corporation owes or has paid the Personal Property Tax due June 30. 	e current yea Yes	r Intangible No	
64	9. Name and Address of Curr		ed Agent	130]	Т		10. Name and Address of New Registe		- KILL INO	
TA	u be nfeld, jose		-		81	Name				
	DO HILLCREST DR., STE. 412							_		
	LLYWOOD FL 33021		-			Street	eet Address (P.O. Box Number is Not Acceptable)			
110	LLIWOOD IL 33021				83					
					63					
					84	City		85	Zip Code	
44 6	10 0000				Ш			FL °°		
11. Pursuant t	o the provisions of Sections 607.05 ooistered agent, or both, in the Sta	502 and 607.1 to of Florida	1508, Florid a Slalu Such change was	tes, the a	above	e-named	corporation submits this statement for the purpor	se of changir	ng 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 DEFICERS AND DIRECTORS									1	
12.	D OFFICENS A	NO DIRECTO	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS			
1	TAUBENFELD, JOSE		L_ OLLETE		TITLE			L Chan	ige 🗀 Addition	
NAME	4400 HILLCREST DR., STE.	410			NAME					
STREET ADDRESS	HOLLYWOOD FL 33021	412		1.3 5	STREET	ADDRESS				
CITY-ST-ZIP	PVST		Drugge	_	CITY-SI	F-ZIP				
TITLE	TAUBENFELD, JOSE		☐ DELET e	2.11				L_] Chan	ige ∐ Addition 9	
NAME		440		2.21	NAME				1	
STREET ADDRESS	4400 HILLCREST DR., STE.	412		2.3 5	STREET	ADDRESS			l	
CITY-ST-ZIP	HOLLYWOOD FL 33021		111		CITY-S	T-ZIP				
TITLE			☐ DELETE	3.1 1				L Chan	ge L Addition	
NAME				3.2 N	MAME					
STREET ADDRESS				3.3 5	STREET.	ADDRESS			1	
CITY-ST-ZIP				_	CITY-S	T-ZIP				
TITLE			☐ DELETE	4.1 T	ITLE			☐ Chan	ge 🔲 Addition	
NAME				4. 2	NAME					
STREET ADDRESS				4.3 5	STREET	ADDRESS				
CITY-ST-ZIP				4.4 (ITY-SI	T-ZIP				
TITLE			DELETE	5.1 T	ITLE			☐ Chan	ge Addition	
NAME				521	IAME					
STREET ADDRESS				5.3 S	TREET	ADDRESS				
CITY-ST-ZIP				5.4 0	H1Y-S1	1-ZIP				
TITLE			DELETE	6.1 T	ITLE			Chan	ge Addition	
NAME				6.2 N	LAME				- 1	
STREET ADDRESS				6.3 9	TREET	ADDRESS				
CITY-ST-ZIP					HTY-ST					
				0.70			I			

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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.

Jose Taubenfelld with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information