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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000099144

1. Corporation Name

MOTHERBOARD PRODUCTIONS, INC.

Principal Place of Business

**646 BOCA CIEGA ISLE
ST PETE BEACH FL 33706**

Mailing Address

**646 BOCA CIEGA ISLE
ST PETE BEACH FL 33706**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1996

4. FEI Number

59-3414156

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

2. Principal Place of Business

21 4950 GULF BLVD

2a. Mailing Address

26 4950 GULF BLVD

Suite, Apt. #, etc.

22 #1008

Suite, Apt. #, etc.

27 #1008

City & State

23 ST. PETE BEACH, FL

City & State

28 ST. PETE BEACH, FL

Zip

24 33706

Country

25 USA

Zip

29 33706

Country

30 USA

9. Name and Address of Current Registered Agent

**JOHNSON, DAN L
646 BOCA CIEGA ISLE
ST PETE BEACH FL 33706**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4950 GULF BLVD

#1008

84 City

ST. PETE BEACH FL

85 Zip Code

33706

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 **D** ☐ DELETE

NAME **JOHNSON, DAN L**
STREET ADDRESS **646 BOCA CIEGA ISLE**
CITY-ST-ZIP **ST PETE BEACH FL 33706**

TITLE **D** ☐ DELETE

NAME **JOHNSON, BETTY J**
STREET ADDRESS **646 BOCA CIEGA ISLE**
CITY-ST-ZIP **ST PETE BEACH FL 33706**

TITLE **D** ☐ DELETE

NAME **JOHNSON, RYAN S**
STREET ADDRESS **646 BOCA CIEGA ISLE**
CITY-ST-ZIP **ST PETE BEACH FL 33706**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

**4950 GULF BLVD. #1008
ST. PETE BEACH, FL. 33706**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**4950 GULF BLVD #1008
ST. PETE BEACH, FL 33706**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**4950 GULF BLVD #1008
ST. PETE BEACH, FL. 33706**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/99 (727) 3196100

CR2E034 (11/98)