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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000101598

1. Corporation Name

SESAME STREET PRODUCTIONS. INC.

Pri	ncipa	al Pla	ice of	Busines
399	NW	2ND	AVEN	UE .

Mailing Address

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90132 011 ***150.00



399 NW 2ND AVENUE **BOCA RATON FL 33432 BOCA RATON FL 33432** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/17/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0713077 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Country Zip 8. This corporation owes the current year Intangible Zip □No Personal Property Tax. 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name WHEELER, CHRISTOPHER C ESQ. Street Address (P.O. Box Number is Not Acceptable) 82 2255 GLADES ROAD STE 340W **BOCA RATON FL 33431** 83 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change □ DELETE 1.1 TITLE TITLE SCHMIDT, RICHARD L 1.2 NAME NAME 399 NW 2ND AVENUE 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE MAINGOT, DAPHNE A. 2.2 NAME NAME 399 N.W. BOCA RATON BLVD. 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ Addition ☐ Change DELETE _ 3.1 TTLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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.

. Schmidt 4/13/99

CR2E034 (11/98)