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

CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000001519 (2) COASTAL PRODUCTIONS, INC.

Principal Place of Business Mailing Address

FILED Apr 27 1998 8:00am Secretary of State

|--|

1181 PALMER WOOD CT P O BOX 956 TALLEVAST FL 34270 SARASOTA FL 34236 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0725228 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 Trust Fund Contribution Added to Fees Zip Zip Country This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHIBLES, KATHRYN P 228 DELMAR AVE Street Address (P.O. Box Number is Not Acceptable) 82 SARASOTA FL 34243 83 84 City 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 little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. __ DELETE Change ___ Addition TITLE 1.1 TITLE Prosident 4 Transm NAME 1.2 NAME R W Kerr 7-STREET ADORESS 226 Dolman Ave 1.3 STREET ADDRESS 34243 CITY-ST-ZIP 1.4 CITY-ST-ZIP SBAB SUTU TITLE DELETE 2.1 TITLE Change Addition NAME Kathman Shill 2.2 NAME 5h, bles STREET ADDRESS 2.3 STREET ADDRESS Spansija F1 34243 CITY - ST - ZVP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE ☐ Addition TITLE Directur KAIFITHN KENT Zele Delmar Am NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 11x RISETIO F1 34243 3 4. CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE Direction 41 TITLE Change Addition Cyndi Kern 226 Delmar Buc NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS ろみれぬけか チェ つりごりう CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STRFFT ADDRESS 5.4 CITY-ST-ZIP CITY-ST-2NP Addition DELETE Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **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 13 if changed, or on an attachment with an address.

SIGNATURE: \(\c)

W. Kerr Tr

941-3656917