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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000022753 (2)

REEL TIME FILMS, INC.

FILED May 14 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address				
8927 HAWTH		8927 HAWTHORNE AVE.				
SURFSIDE FL		SURFSIDE FL 33154				
						DO NOT WRITE IN THIS SPACE
-						3. Date Incorporated or Qualified
						03/07/1997
└	lace of Business	28. Mailing Address				4. FEI Number Applied For
Suite, Apt. #, etc.		26				Not Applicable
22		Suite, Apt. #, etc.			5. Certificate of Status Desired See Regulred Fee Regulred	
City & State		City & State				
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip			Zip Country			8. This corporation owes or has paid the current year Intangible
24	25	29	30	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	ent Registered Agen				10. Name and Address of New Registered Agent
LAY	YNE, HELENE			81	Name	
892	27 HAWTHORNE AVE.		82 Street Ad		Street Add	ress (P.O. Box Number is Not Acceptable)
l su	RFSIDE FL 33154				Oll COL Flace	1033 (1.3. DOX (MITTOC) TO THO! PROCEPTEDIC)
				83		
				84	City	B5 Zip Code
					Oity	FL 85 Zip Code
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) DATE						
12.		NO DIRECTORS		13.	n erg raiche restor	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LAYNE, HELENE			1.2 NAME		
STREET ADDRESS	89 27 HAWTHORNE AVE.		1.	1.3 STREET #	ADDRESS	
CITY-ST-ZIP	SURFSIDE FL 33154		1.4 C		- ZIP	
TITLE	\$D		DELETE	2 1 TITLE		Change Addition
NAME	LAYNE, KEVIN C		4	2.2 NAME		i
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	SURFSIDE FL 33154			2. 4 CITY - ST	T- ZIP	
TITLE			DELETE	3.1 TITLE		Change Addition
NAME			3	3.2 NAME		
STREET ADDRESS			3	3.3 STREET A	ADDRESS	
CITY-ST-ZIP				3.4 CITY-S1	1-7IP	
TITLE		[]		4.1 TITLE		Change Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET A	i	
Crty-St-ZiP	· · · · · · · · · · · · · · · · · · ·	 -		4.4 CITY-ST	- ZiP	
TITLE		ا لــا		5 1 TITLE		· LJ Change L_ Addition
NAME				5 2 NAME	201010	
STREET ADDRESS				5 3 STHEET A]
CITY-ST-ZIP				5.4 CITY - ST 6.1 TITLE	- <u>/</u> IP	☐ Change ☐ Addition
		ا لیا				
NAME PERSON ARROSSOS			1	6.2 NAME	Poposo	
STREET ADDRESS				5.3 STREET A		
14. I hereby co	ertify that the information supplied	with this filing does or	of qualify for the	exempli	on stated in	Section 119 07(3)(i) Florida Statutes Uturther certify that the information
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 arrural report or supplemental arrural 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 attackment with an address.						