

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000023851 (3)**
1. Corporation Name

AFFINITY PRODUCTIONS, INC.

Principal Place of Business

**15514 TIMBERLINE DRIVE
TAMPA FL 33624**

Mailing Address

**15514 TIMBERLINE DRIVE
TAMPA FL 33624**

FILED
Sep 23 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1997

4. FEI Number

59-3489707

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 P.O. BOX 22423

27 Suite, Apt. #, etc.

28 City & State

Tampa, FL

29 Zip

33622-2423

30 Country

9. Name and Address of Current Registered Agent

**WOODEN, MARK W
4714 N HABANA AVE, SUITE 1710
TAMPA FL 33614**

10. Name and Address of New Registered Agent

81 Name **WOODEN, MARK W**
82 Street Address (P.O. Box Number is Not Acceptable)
15514 Timberline Drive
83
84 City **Tampa** **FL** **85** Zip Code **33624**

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 **Mark W. Wooden; Mark W. Wooden**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

September 9, 1998

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	C
1.3 STREET ADDRESS	Mark W Wooden
1.4 CITY-ST-ZIP	15514 Timberline Drive
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	P
2.3 STREET ADDRESS	Patrick L. Ingle
2.4 CITY-ST-ZIP	331 4th Street
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LaSalle, IL 61301
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	000002649840
5.3 STREET ADDRESS	-09/28/98--01034--028
5.4 CITY-ST-ZIP	***150.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	85
6.3 STREET ADDRESS	9-23
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.

SIGNATURE:

8-25-98 (85)224-151

CR2E034 (5/98)

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Mark Wooden
c/o Affinity Productions, Inc.
P.O. Box 22423
Tampa, FL 33622-22423

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

September 9, 1998

To Whom It May Concern:

I am writing in regards to the late fee accompanied with the annual report. We at Affinity Productions, Inc. requested the form for filing the annual report not once but twice, the first time being on April 13, the second on April 27.

I was on the road for several periods during this time, but never received any annual report forms until well into June, and at this time I was sent a second notice form.

Compounding the problem is that the second notice form was sent to my house, an address your department would not have had unless you indeed received my two phone requests on the 13th and 27th of April.

I also realize that we did have four months to request the forms, which could have eliminated any past due rate increases due mainly to clerical errors.

Included with this letter and annual report form is the check for one hundred fifty dollars, the amount due for filing the report if turned in before May 1. I feel that this is the appropriate fee as we should have been able to pay at this time had the clerical errors not occurred.

If there are any problems with this filing, please contact me at the above address and phone number. Thank you for your patience. We apologize in advance for any inconvenience this may cause.

Sincerely,

Mark Wooden

Mark Wooden,
Registering Agent, Affinity Productions, Inc.