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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90160 017 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000023851

1. Corporation Name

AFFINITY PRODUCTIONS, INC.



Principal Place of Business

15514 TIMBERLINE DRIVE
TAMPA FL 33624

Mailing Address

P.O. BOX 22423
TAMPA FL 33622-2423

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1997

4. FEI Number

59-3489707

Applied For

No 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

2a. Mailing Address

21 12336 Golden Knight Cir

26 12336 Golden Knight Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 302C

27 Suite 302C

City & State

City & State

23 Orlando, FL

28 Orlando, FL

Zip Country

Zip Country

24 32817 25

29 32817 30

9. Name and Address of Current Registered Agent

WOODEN, MARK W
15514 TIMBERLINE DRIVE
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name Wooden, Mark W.

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

12336 Golden Knight Circle

83 Suite 302C

84 City Orlando, FL

85 Zip Code 32817

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

2/25/99

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 C
NAME WOODEN, MARK W
STREET ADDRESS 15514 TIMBERLINE DRIVE
CITY-ST-ZIP TAMPA FL 33624

☐ DELETE

TITLE P
NAME INGLE, PATRICK L
STREET ADDRESS 331 4TH STREET
CITY-ST-ZIP LASALLE IL 61301

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME Wooden, mark W
1.3 STREET ADDRESS 12336 Golden Knight Circle
1.4 CITY-ST-ZIP Apt. 302C Orlando, FL 32817

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME Ingle, Patrick L
2.3 STREET ADDRESS 3303 Old Wagon Rd
2.4 CITY-ST-ZIP Champaign, IL 61822

☒ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

4-19-99

Date

815/341-4088

Daytime Phone #

CR2E034 (11/98)