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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1998

P97000024682 (1)

Principal Place of Business	Mailing Address
1177 KANE CONCOURSE	1177 KANE CONCOURSE
SUITE 201	SUITE 201
BAY HARBOR FL 33154	BAY HARBOR FL 33154

## FILED Apr 13 1998 8:00am Secretary of State

DOCUMENT #

1. Corporation Name PHAT KAT PRODUTIONS INC DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/18/1997 2. Principal Place of Business 2a. Mailing Address 4. F&I Number X Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X) Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY 81 Name Taplin, Martin W. 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable)
1177 Kane Concourse 82 TALLAHASSEE FL 32301-2525 82 Suite 201 Bay Harbor Zip Code 33154 Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the office or registered agent, or both, in the State of Furida. Such change was authoragent. Lam familiar with, and agreed the obligations to Section 607.0505, Floring. ement for the purpose of changing its registered hereby accept the appointment as registered SIGNATURE 12. OFFICERS AND DIRI CTORS AD NS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change TITLE LI TITUE Taplin, Kristopher S. NAME 1177 Kane Concourse, Ste 201 STREET ADDRESS 1.3 STREET ADDRESS Bay Harbor, FL 33154 CITY-ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE Change TITLE NAME Silva, Osmilda 2.2 NAME 2 3 STREET ADDRESS STREET ADDRESS 1177 Kane Concourse, Ste 201 Bay Harbor, FL 33154 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 5.1 THE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP

14. Thereby 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 grivual 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 of 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 attagrand with an address.