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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000029544**

1. Corporation Name

JASON RICHARD PRODUCTIONS, INC.

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90033 039 ***150.00



Principal Place of Business Mailing Address							E18 18181 8111	1) 61611 6161 1001	
21558 GUADALAJARA AVE 21558 GUADALAJARA AVE									
BOCA RATON FL 33433 BOCA RATON FL 33433						DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualifed			
						04/01/1997			
Principal Place of Business 2a. Mailing Address						4. FEI Number	A	opplied For	
21 1000 E.	Atlantic Blot	26				65-0746026		lot Applicable	
Suite, Apt. #, etc 22 # 206 6		Suite, Apt. #, etc.				5. Certifcate of Status Desired	5. Certifcate of Status Desired \$8.75 Additional Fee Required		
City & State 23 Company	Beach Ph	City & State				Election Campaign Financing Trust Fund Contribution	·		
Zip	Country	Zip Country				8. This corporation owes the current year Intangible			
24 33060	25 Broward	29	30			Personal Property Tax.	☐ Yes	No	
• 9.	Name and Address of Current	Registered Agent		ļ.,		10. Name and Address of New Registered A	<u>ugent</u>		
EII INCC	INC			81	Name				
FILINGS, INC. 3732 N.W. 16TH STREET				82	Street A	Address (P.O. Box Number is Not Acceptable)			
FT. LAUE	DERDALE FL 33311-4132			83	i		-		
				84	City	FL	85 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 Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
	ature, typed or printed name of registered agent			a Agen	t signature rec	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	OPS IN 12	
TITLE D	OFFICERS AND	DELETE	13.	m F	T	ADDITIONS/CHANGES TO OFFICERS AN	Change		
	CORARO, JOSEPH		1.2 N			,		_	
	558 GUADALAJARA AVE				ADDRESS				
1	OCA RATON FL 33433			ITY-S				Ì	
TITLE	70/1 12 11 011 1 E 30 130	☐ DELETE				4.500	Change	Addition	
NAME			2.2 N	AME		•		ł	
STREET ADDRESS			2.3 S	TREET	ADDRESS				
CITY-ST-ZIP			2.40	CITY-S	T-ZIP	والمهاد المرودوهو يعاليا			
TITLE		☐ DELETE	3.1 T	ITLE			☐ Change	☐ Addition	
NAME			3.2 N	AME					
STREET ADDRESS			3.3 S	TREET	ADDRESS				
CITY-ST-ZIP			3.4. 0	ITY-S	T-ZIP				
TITLE	☐ DELETE 4.1		4.1 ∏	ITLE			Change	Addition	
NAME			4. 2 N	NAME	1				
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP			4.4 C	ITY-S	r-ZIP				
TITLE				5.1 TITLE			☐ Change	Addition	
NAME			5.2 N		1				
STREET ADDRESS					ADDRESS			ļ	
CITY-ST-ZIP	1=			ITY-ST	Γ-ZIP		——————————————————————————————————————		
TITLE		☐ DELETE	6.1 T				☐ Change	Addition	
NAME			6.2 N					ļ	
STREET ADDRESS		_		TREET	ADDRESS				

14. I hereby certify that the information supplied with this filing does not goalin) for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or superimental 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 seport as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or part attachment with an address, with all other like empowered.

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR