

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90145 027 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000040911

1. Corporation Name
ASYLUM PRODUCTIONS, INC.

Principal Place of Business
**1074 DEERWOOD LANE
FT LAUDERDALE FL 33326**

Mailing Address
**1074 DEERWOOD LANE
FT LAUDERDALE FL 33326**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1997

Applied For
Not Applicable

4. FEI Number
65-0757064

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 **4631 NW 31ST AVE.**

26 **4631 NW 31ST AVE**

22 **SUITE # 212**

27 **SUITE 212**

23 **FT. LAUDERDALE, FL**

28 **FT LAUDERDALE, FL**

24 **33309** 25 **USA**

29 **33309** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GILBERTSON, STEPHEN W
2200 NE 26TH ST
WILTON MANORS FL 33305**

81 Name

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

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **TOMLIAN, KENNETH**
STREET ADDRESS **1074 DEERWOOD LANE**
CITY-ST-ZIP **FT LAUDERDALE FL 33326**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PRESIDENT**
1.3 STREET ADDRESS **KENNETH TOMLIAN**
1.4 CITY-ST-ZIP **12491 NW 15TH PL #16704**
SUNRISE FL 33323

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **SECRETARY**
2.3 STREET ADDRESS **WILLIAM HENKEL**
2.4 CITY-ST-ZIP **17803 PINE NEEDLE TERR.**
BOCA RATON FL 33487

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **TREASURER**
3.3 STREET ADDRESS **MARK EDDY**
3.4 CITY-ST-ZIP **149 CRYSTAL KEY WAY**
BOYNTON BEACH, FL 33426

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

KENNETH TOMLIAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/98
Date

954 793 9400
Daytime Phone #

CR2E034 (11/98)