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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700046469 (7)

THE R	eel-to-reel picture sh	OW, INC.				14
Principal Place of Business Mailing Address					018 BILLIL 81010 DILLIC 1911 (00)	
PO BOX 10200 PO BOX 10200 LAKE BUENA VISTA FL 32830 LAKE BUENA VISTA FL 3			2830		DO NOT WRITE IN THIS	CDACE
					3. Date Incorporated or Qualified	SPACE
					05/27/1997	
2. Principal P	Place of Business	2a, Mailing Address			4. FEI Number	Applied For
H POB	02 22649	26			59-3453569	Not Applicable
Suite, Apt.		Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	Θ	City & State			6. Election Campaign Financing	\$5.00 May Be
3 Lake I	Buena Vista, 71	28			Trust Fund Contribution	Added to Fees
Žip	Country	Zip	Countr	у	8. This corporation owes or has paid the cu	rrent year Intangible
328			30		1	☐ Yes ☐ No
	g, Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent
M	ARSHALL, BYRD F JR.		81	Name		
201 E. PINÉ ST., STE. 1200 ORLANDO FL 32801			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
•	12-110-11-01-01		83	<u> </u>		
			84	City	FL	85 Zip Code
office or a agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typod or printer manne of registered ag				poration submits this statement for the purpose of tion's board of directors. I hereby accept the apparent of the purpose of the second of the purpose of th	pointment as registered
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change Addition
NAME	CHERRY, ALEXANDER		1.2 NAME			
STREET ADDRESS	2616 TEESIDE CT.		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34746		1.4 CITY-	ST-ZIP		
TITLE		DELETE 2.11				Change Addition
NAME	ļ		2.7 NAME			
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY-ST-ZIP			2. 4 CITY	ST - ZIP		
TITLE			3.1 TITLE		•	Change Addition
NAME	[3.2 NAME			
STREET ADDRESS			3 3 STREE	T ADDRESS		
CITY-SY-ZIP	<u> </u>		3.4. CITY			
TITLE	}	DELETE	4.1 TITLE	1		Change Addition
NAME]		4. 2 NAM			
STREET ADDRESS			4.3 STREE	T ADDRESS		
ALTY CT TO	1		4 4 6170	aa		

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 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 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 of 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 in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated i

5.2 NAME

6.1 TITLE

6 2 NAME 6 3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

DELETE

DELETE

SIGNATURE:

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY+S1-ZIP

APRIL 29 9

(407) 560

FILED

May 05 1998 8:00am

Secretary of State

7) 560-8019

Change

Change

Addition

Addition