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 # P97000048280 (6)

ROCKING H PRODUCTIONS, INC.

FILED Mar 10 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				a contider (12 thill tente decit detit entit	¶āini āibār iāinā irēāt iēņir ābir iēāi
19121 NORTH LUTZ FL 335	H DALE MABRY 49	19121 NORTH DALE MA LUTZ FL 33549	BRY	DO NOT WRITE II	N THIS SPACE
				3. Date Incorporated or Qualified	
				06/01/1997	
	Place of Business LITHA PARCEEST	26. Mailing Address 26. 77.0 UTHA	D. V. Correct	4. FEI Number	Applied For
21 + CO Suite, Apt.		26 FOO UTITA Suite, Apt. #, etc.	PINECESS (Not Applicable 88.75 Additional
22	"	27		5. Certificate of Status Desired	Fee Regulred
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23 6724	NDON, FLORIDA	28 BRANDON,	Twenty	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	
24 335		29 33511	30 USA	Personal Property Tax due June 3	
011	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Regi	J Meeuso MME
SMITH, CTNITHA				stha Hologube C	Some PERSON J
	121 NORTH DALE MABRY TZ FL 33549		82 Street	Address (P.O. Box Number is Not Acceptable)
LU	12 FL 33348		83	MINDS FINELESS D	<u> </u>
			24 00		10-1 70 Oct
			84 630	WDON, FLUELDA	FL 85 Zip Code 33511
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statu	tes, the above-named	corporation submits this statement for the pu	pose of changing its registered
ottice or i agent. La	registered agent, or both, in the St am familiar with, and accept the ob	ate of Florida. Such change was digations of, Section 607.0505. F	authorized by the corp lorida Statutes.	poration's board of directors. I hereby accept	the appointment as registered
SIGNATURE	Cinskling A. Hol	combe. CHAMMA	1. Howous	- POSSIDENT CHAMIS	u 12. 1998
	Signatury, typed or printed runs of registered	<u> </u>	TE Registored Agent signature		GATE
12.	OFFICERS :	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE		☐ DELETE	11 TITLE	pitis Chnthia L. Holcombe	Change Addition
NAME			1.2 NAME	720 WITH PINECESS BOA	on.
STREET ADDRESS			•		
CITY-ST-ZIP TITLE		DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Brandon, Florida 335 UP/D	Change X Addition
NAME			2.2 NAME	JAMES B. HOLCOMBE	
STREET ADDRESS			2.3 STREET ADDRESS	720 WITH A PINECEST A	KOAD
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	BRANDON, FLORIDA 33	
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		L) DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP		C) DELETE	4.4 CITY-ST-ZIP		Channe Addition
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY+ST-ZIP					
TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	•		6.4 CITY-ST-ZIP		
14. I hereby o	certify that the information supplied	with this filing does not qualify f	or the exemption state	d in Section 119.07(3)(i), Florida Statutes. I fu	ther certify that the information
officer or	director of the corporation or the ri or Block 13 if changed, or on an a	eceiver or trustee empowered to	execute this report as	nature shall have the same legal effect as if m required by Chapter 607, Florida Statutes; an	d that my name appears in

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