

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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90078 014 ***150.00

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DOCUMENT # P97000051553

1. Corporation Name

ALBEDO PRODUCTIONS, INC.

Principal Place of Business

325 S. NORTHLAKE BLVD., STE. 1129
ALTAMONTE SPRINGS FL 32701

Mailing Address

325 S. NORTHLAKE BLVD., STE. 1129
ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1997

4. FEI Number

NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

DULIN, RAMSEY
201 S. ORANGE AVE., STE. 1090
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

JACK B. NICHOLS

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

801 NORTH MAGNOLIA AVENUE

83

SUITE 414

84 City

ORLANDO

FL

85 Zip Code

32803

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

TITLE ☐ DELETE

NAME
NICHOLS, BRITT
STREET ADDRESS
325 S. NORTHLAKE BLVD., STE. 1129
CITY-ST-ZIP
ALTAMONTE SPRINGS FL 32701

TITLE ☐ DELETE

NAME
NORONA, DAVID
STREET ADDRESS
12030 MAGNOLIA BLVD., APT. #10
CITY-ST-ZIP
VALLEY VILLAGE CA 91607

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
D/P/T
Nichols, Britt
325 S. Northlake Blvd., STE 1129
ALTAMONTE SPRINGS, FL 32701

2.1 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
2.4 CITY-ST-ZIP
D/V
NORONA, DAVID
12030 MAGNOLIA BLVD, Apt #10
VALLEY VILLAGE, CA 91607

3.1 TITLE ☐ Change ☒ Addition

32 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
D/S/V
MOSS, BRANDON
7311 CATAMARAN DRIVE
ORLANDO, FL 32835

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Britt Nichols
President

Date

Daytime Phone #

2/10/99 (407)831-0441

CR2E034 (11/98)