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

PROFIT CORPORATION ANNUAL REPORT

1**9**98

CITY-ST-7IF



FLORIDA DEPARTMENT OF STATE

FILED

May 04 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000062329 (2)

JAMLAND PRODUCTIONS, INC. Principal Place of Business Mailing Address 7425 NW 44TH STREET #1304 7425 NW 44TH STREET #1304 LAUDERHILL FL 33319 LAUDERHILL FL 33319 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/07/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intaggible 24 25 29 Personal Property Tax due June 30. 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ROCHE, ASHLING 2701 EAST SUNRISE BLVD #310 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33319 83 84 City Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the
office or registered agent, or both, in the State of Florida. Such change was authoriz
agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida St ove-named corporation submits this statement for the purpose of changing its registered to by the corporation's board of directors. I hereby accept the appointment as registered Signature, typical or printed fundered registered agent and title it applicable Agent signature required when reinstating) (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE ANTONY LIVOTI NAMÉ 4051 # 13 HTH WA 57.4 STREET ADDRESS 1.3 STREET ADDRESS LAUDERHILLIFIA CITY-ST-ZIP 14 CITY-ST-ZIP Change DELETE 2.1 TITLE Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP Change DELETE ■ Addition 4.1 TITLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 dustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if Thangell, or on an attantionally the an address.

SIGNATURE: