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PROFIT CORPORATION ANNUAL REPORT

1999



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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90100 014 ***150.00

| Corporation Name | |
|---------------------------|--|
| 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 Qualifed 07/07/1997 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 65-0770736 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 Nay Be 6. Election Campaign Financing City & State Added to Fees Trust F and Contribution 23 28 8. This corporation owes the current year Intangible Zip Country Zip Coun ry ☐ Yes Person al Property Tax. 30 24 29 10. Name and Address of New Registere I Agent 9. Name and Address of Current Registered Agent $\tau \circ \nu \iota$ アクロアク ROCHE, ASHLING 82 2701 EAST SUNRISE BLVD #310 FORT LAUDERDALE FL 33319 83 84 みいりものようしょ 11. Pursua it to the provisions of Sections 607.0502 and 607.1508. Florida Statu es, the above-named co poration submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of floridal 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. 1001 017. SIGNATURE ADDITIC NS/CHANGES TO OFFICERS AND DIRECTORS IN 12 FIGERS AND DIRECTORS 13. 12. Change DELETE 1.1 TITLE TITLE LIVOTI, ANTONY 12 NAME NAME 7425 NW 44TH ST #1304 1.3 STREET ADDRESS STREET ADDRESS **LAUDERHILL FL 33319** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 2 1 TITLE Change TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ DELETE 41 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 51TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 of the receiver or trustee employered of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if o Il other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

(11/98)CR2E034