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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000093017 (6)

FILED May 18 1998 8:00am Secretary of State

BIG SHIRLEY PRODUCTIONS, CO. Principal Place of Business Mailing Address 133-27 231ST STREET 133-27 231ST STREET LAURELTON NY 11413 **LAURELTON NY 11413** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/29/1997 2. Principal Place of Business Applied For Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Personal Property Tax due June 30. 10. Name and Address of New Registered Agent MOLINAR, MELISSA 81 Name 12240 S.W. 115TH TERRACE R2 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33186** 83 84 City Zip Code 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, typied or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. 13. DELETE TITLE 1.3 TITLE 12 NAME STREET ADDRESS 1,3 STREET ADDRESS CITY-ST-2IP 1.4 CITY - ST- ZIP TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-S1-ZIP ∟ DELETE TITLE 3 1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition 5.1 TrillE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP L. DELETE Change Addition TITLE 6 1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 14. Thereby certify that the information such indicated on this annual report or surblindicated or director of the corporation of Block 12 or Block 13 if changed, in the corporation of cralify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in in this filing o