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PROFIT CORPORATION **ANNUAL REPORT**

1998



LUCRIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000094034 (0)

VAGABOND PRODUCTIONS, INC.

Principal Place of Business Mailing Address **プファ** -**701 BRICKELL AVEN**UE #1200 / 4フュ 777 701-BRICKELL AVENUE #1200 /070 MIAMI FL 33131 MIAMI FL 33131 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/03/1997 Applied For 2. Principal Place of Business 2a. Mailing Address 4, FEI Number 65-0791510 21 Not Applicable 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Ζip Country Zio Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KNIGHT, JEFFERSON P 701 BRICKELL AVENUE #1200 ノコフン 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33131** 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. 4-27-18 (NOTE: Rog stered Agent signature required when rainstating) DATI 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1.1 THEF TITLE KNIGHT, JEFFERSON P 1.2 NAME **701 BRICKELL AVENUE #1200** /ロフロ STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33131** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ___ Addition 21 THEE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - S1 - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- 2IP DELETE Addition 5.1 10105 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-7/P DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS

14. Thereby certify that the information supplied with this filting 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 amount 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 13 if changed, or on an attachment with an address.

6.4 CITY-ST-7IP

4-27-60

CITY-ST-7IP

FILED

May 26 1998 8:00am

Secretary of State