


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

FILED

Jul 01 1998 8:00am  
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1998  |  |  |  | FLORIDA DEPARTMENT OF STATE<br>SECRETARY 3. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS  |  |
|--|--|---|--|--|--|
| DOCUMENT # <b>P97 000094907</b><br>1. Corporation Name<br><b>South Coast Productions Inc.</b>  |  |   |  |  |  |
| Principal Place of Business<br><b>5381 NW 190 St<br/>Miami, FL 33055</b>   |  |   | Mailing Address<br><b>5381 NW 190 Street<br/>Miami, FL 33055</b> |  |  |
| 2. Principal Place of Business   |  | 2a. Mailing Address   |  | 4. FEI Number<br><b>65-0844548</b>   |  |
| 21. Suite Apt # etc.   |  | 26. Suite, Apt. #, etc.   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 22. City & State   |  | 27. City & State  |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |
| 23. Zip  |  | 28. Zip   |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 24. Country  |  | 29. Country   |  | 30. Country  |  |
| 9. Name and Address of Current Registered Agent<br><b>Michael Taylor<br/>20401 NW 2nd Avenue # 203<br/>Miami, FL 33149</b>   |  |   | 10. Name and Address of New Registered Agent                     |  |  |
| 81. Name   |  |   | 82. Street Address (P.O. Box Number is Not Acceptable)           |  |  |
| 83. City   |  |   | 84. City   |  |  |
| 85. Zip Code   |  |   | 86. 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<br>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE  |  |   |  |  |  |
| 12. OFFICERS AND DIRECTORS   |  |   |  |  |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |   |  |  |  |
| 1.1 TITLE <b>PRESIDENT</b> <input checked="" type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |   |  |  |  |
| 1.2 NAME <b>MICHAEL C. BAUGH</b>   |  |   |  |  |  |
| 1.3 STREET ADDRESS <b>600 BRICKELL AVE STE 301D</b>  |  |   |  |  |  |
| 1.4 CITY-ST-ZIP <b>MIAMI, FL, 33031</b>  |  |   |  |  |  |
| 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |   |  |  |  |
| 2.2 NAME   |  |   |  |  |  |
| 2.3 STREET ADDRESS   |  |   |  |  |  |
| 2.4 CITY-ST-ZIP  |  |   |  |  |  |
| 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |   |  |  |  |
| 3.2 NAME   |  |   |  |  |  |
| 3.3 STREET ADDRESS   |  |   |  |  |  |
| 3.4 CITY-ST-ZIP  |  |   |  |  |  |
| 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |   |  |  |  |
| 4.2 NAME   |  |   |  |  |  |
| 4.3 STREET ADDRESS   |  |   |  |  |  |
| 4.4 CITY-ST-ZIP  |  |   |  |  |  |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |   |  |  |  |
| 5.2 NAME   |  |   |  |  |  |
| 5.3 STREET ADDRESS   |  |   |  |  |  |
| 5.4 CITY-ST-ZIP  |  |   |  |  |  |
| 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |   |  |  |  |
| 6.2 NAME <b>400002578664</b>   |  |   |  |  |  |
| 6.3 STREET ADDRESS <b>-07/02/98--01021--008</b>  |  |   |  |  |  |
| 6.4 CITY-ST-ZIP <b>***150.00</b>   |  |   |  |  |  |



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4. FEI Number  
**65-0844548**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. City

85. Zip Code

86. 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  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ DELETE ☐ Change ☐ Add

1.2 NAME **MICHAEL C. BAUGH**

1.3 STREET ADDRESS **600 BRICKELL AVE STE 301D**

1.4 CITY-ST-ZIP **MIAMI, FL, 33031**

2.1 TITLE ☐ Change ☐ Add

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Add

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Add

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Add

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Add

6.2 NAME **400002578664**

6.3 STREET ADDRESS **-07/02/98--01021--008**

6.4 CITY-ST-ZIP **\*\*\*150.00**

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 informal 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.

15. 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 informal 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.