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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

\$10 3. Mortham

cretary of State **DIVISION OF CORPORATIONS**

1998

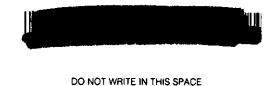
0000949 DOCUMENT # Productions Inc.

Principar Place of Business								
5381	んと	190 st						
Nia	m: 15	22000						

Mailing Address

5381 170 Street Miani, FL

FILED Jul 01 1998 8:00am Secretary of State



				•				3.	Date Incorporated or Qualified		
2. Principal Place of Business			24	Mailing Address					FEI Number	丁	Applied Fo
21			26					<u> </u>	65-0844548		Not Applica
22	Suite Apt # etc			Suite, Apt. #. etc.		5.	Certificate of Status Desired		.75 Additiona Fee Required		
23	City & State			City & State			6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24	Žφ	Country 25	29	Zip	30 Co	untry		8.	This corporation owes or has paid the cur Personal Property Tax due June 30.	rent ye	
•=-	g, Name	e and Address of Cur	rent Regis	lered Agent		Ι		10.	Name and Address of New Registered	Agent	
•-	Michael 20401 No Miami, F	Taylor w 2rd a,	enue	# 203		81		ss (f	P.O. Box Number is Not Acceptable)		
	Miami, F	-L 33149				83					
						84	City		FL	85	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 register 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 register 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 applica	ble (NOTE	Registered Agent signatur	e required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS A		
TLE	PRESIDENT	DELETE	1.1 TITLE	PRESIDENT	Change	☐ Ack
NAME	Michael C. Baugh		1.2 NAME	MICHAEL C. BAUGH		
STREET ADDRESS	5381 NW 190 Street		1.3 STREET ADDRESS	600 BRICKEIT AVE STE 3	OID	
Site Stigit	Miami FL 33055		1.4 CITY - ST - ZIP	MIAMI, FL 188081		
BULE		DELETÉ	2.1 TITLE	,	Change	☐ Add
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
City - ST - ZIP			2. 4 CITY - ST - ZIP			
TOTALE		DELETE	3.1 TITLE		☐ Change	☐ Add
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
C-TY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	∏ Add
N4ME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
ČITY - ST - ZIP -			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Add
NAME			5.2 NAME	1		
STREET ADDRESS			5.3 STREET ADDRESS			
5174 51 3.0			5.4 CITY - ST - ZIP			
***:E		DELETE	6.1 TITLE		☐ Change	Add
NAME			6.2 NAME	400002578664	√V	`.\
STREET ADDRESS			6.3 STREET ADDRESS	-07/02/9801021008	I_{λ}	٥, ٥
City - ST - ZIP			6.4 CITY - ST - ZIP	***150.00	/	ľ

14. I nereby 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 decaded 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.