## **FILED** FILE NOW: FILING TEE AFTER MAY 1ST IS \$550.00 May 20 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE Secretary of State **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # P97000096290 Arc Angel Pictures, Inc. Principal Place of Business 694 Statenville Ct. Ocoee, FL 34761 Orlando, FL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified NOV. 13 2a. Mailing Address 2. Principal Place of Business Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Country Country ☐ Yes Personal Property Tax due June 30. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 82 1201 Hays Street Tallahassee, FL 32301 83 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 Signature, typed or printed name of registered agent and title if applicable Registered Agent signatu ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE DIRECTOR ☐ Change ☐ Addition PRESIDENT MARK WITHERSPOON 694 Statenville CT DCOEE, FL 34761 NAME 1.2 NAME RICK HELMICK STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP DCOEE. 14 CITY-ST-ZIP DELETE TITLE 2.1 TITLE DIRECTOR <del>U. PRESIDE</del>NT Amy Helmick NAME 2.2 NAME Michele Garibaldi STREET ADDRESS 2.3 STREET ADDRESS bay Statemoille co CITY-ST-ZIP 2. 4 CITY-SY-ZIP V. PRESIDENT Michele Garibaldi TITLE DELETE 3.1 TITLE Change Addition NAME 32 NAME 1441 Kirkman Rd. #2060 STREET ADDRESS 3.3 STREET ADDRESS Orlando FL 32BII SEC. / TREASURER CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE Rhonda Witherspoon 644 Statenville Ct. NAME 4. 2 NAME STREET ADDRESS 4 3 STREET ADDRESS OCOGE FL 34761 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELÉTE TITLE S 1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST-ZIP 1000025323B1 DELETE TITLE 6 1 TITLE

(RHONDA R. WITHERSPOON) 5/1/98 407-560-8217 SIGNATURE

6 2 NAME

14. I pereby 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 or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in

**63 STREET ADDRESS** 

-05/22/98--01004--012

\*\*\*150.00

NAME

STREET ADDRESS