

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90010 007 ***150.00

DOCUMENT # P97000103392

1. Corporation Name
TIMBERWOLF PRODUCTIONS, INC.

Principal Place of Business

11425 MCCORMICK RD
#88-0
JACKSONVILLE FL 32225

Mailing Address

11425 MCCORMICK RD
#88-0
JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1997

4. FEI Number

59-3482166

Applied For

Not Applicable

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 4380 Tideview Dr.

Suite, Apt. #, etc.

23 City & State

Jacksonville, FL

24 Zip

32250

25 Country

USA

2a. Mailing Address

26 4380 Tideview Dr.

Suite, Apt. #, etc.

28 City & State

Jacksonville, FL

29 Zip

32250

30 Country

USA

9. Name and Address of Current Registered Agent

LEHMANN, SUSAN
11425 MCCORMICK RD
#88-0
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name Susan Keegan

82 Street Address (P.O. Box Number is Not Acceptable)
4380 Tideview Dr.

83

84 City Jacksonville

FL

85 Zip Code

32250

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 *Susan Keegan*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-22-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME LEHMANN, SUSAN
STREET ADDRESS 11425 MCCORMICK RD, #88-0
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME Susan Keegan
1.3 STREET ADDRESS 4380 Tideview Dr.
1.4 CITY-ST-ZIP Jacksonville, FL 32250

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-99 904-821-9401

Date

Daytime Phone #

CR2E034 (1/98)