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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000105357 (2)

FIDDLER PRODUCTIONS, INC.

FILED Apr 24 1998 8:00am Secretary of State

Principal Place of Business Mailing Address								98 66 48 666 05 66 79 161 1104	00101 0 1100 11101 1	kill 1 941 ise k
			JGUSTA BOULEVARD B-204			}				
NAPLES FL 34119 NAPLES FL 34113				0 104						
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							Date Incorporated	l or Qualified		- }
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Suite, Apt.	# AIC	26 Suite	Suite, Apt. #, etc.				V 1 0	 -		lot Applicable Additional
22	, 5.0	├ ¬	27			5. 0	Certificate of Statu	us Desired		equired
City & Stat	e		City & State			6 F	lection Campaign	n Financino		May Be
23	ī		28				rust Fund Contrib			to Fees
Zip	Country	Zip		Countr	у	8. T	his corporation o	wes or has paid the	current year in	ntangible
24	25	29		0				Tax due June 30.		☐ No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DEINA LEONARD D										
reina, leonard p					Name	\mathcal{R}	FW	ROBLE		ļ
500 FIFTH AVENUE SOUTH				82	Street A	ddress (P.C		Not Acceptable)	#2	2 4 77
SUITE 502						370	PROVI	VŒ WA	1 #3	>0/
NA NA	IPLES FL 34102			63	'}					J
				84	City	100	4/2		85 Zip	4704
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office or r	egistered agent, or both, in the Stat	e of Florida, Suc	h change was aut	, the abov horized b	re-named ci y the corpo	orporation : oration's bo	submits this state ard of directors. I	ment for the purpose hereby accept the a	appointment as	s registered
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 Society for 607.0505, Florida Statutes.										
SIGNATURE Signature, typod of printed name of refuserfied agent and talle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.		NO DIRECTORS	(1.5.2.1	13.	on organization		· · · · · · · · · · · · · · · · · · ·	GES TO OFFICERS A	 _	RS IN 12
TITLE	SDVT		DELETE	1.1 TITLE	T				Change	Addition
NAME	HERNANDEZ, LOUIS			1.2 NAME						ļ
STREET ADDRESS	800 AUGUSTA BOULEVARD	B-204		1.3 STREE	T ADDRESS]
CITY-ST-ZIP	NAPLES FL 34102			1.4 CITY-	ST-ZIP					
TITLE	P		☐ DELETE	2.1 TITLE					Change	☐ Addition
NAME	HERNANDEZ, LOUIS	-		2.2 NAME						
STREET ADDRESS	800 AUGUSTA BOULEVARD	B-204		2.3 STREE	T ADDRESS					!
CITY-ST-ZIP	NAPLES FL 34102			2. 4 CITY -	ST - ZIP					
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STREET ADDRESS	•			ľ	T ADDRESS					
CITY-ST-ZIP				6.4 CITY-1						
	ertify that the information supplied v	with this filing do	es not qualify for t			in Section	119.07(3)(i), Flori	da Statutes. I further	certify that the	e information

4. 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 truled 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 the appears in address.

SIGNATURE.

an Hereund

4/10/98

(941)435-1818

CHZE034 (10/97