

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 30, 1999 8:00 am**  
**Secretary of State**

08-30-1999 90012 029 \*\*\*550.00

0100355

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000105357**

1. Corporation Name  
**FIDDLER PRODUCTIONS, INC.**



Principal Place of Business 800 AUGUSTA BOULEVARD B-204 NAPLES FL 34113	Mailing Address 800 AUGUSTA BOULEVARD B-204 NAPLES FL 34113
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>852 FIRST AVE S.</b>		2a. Mailing Address 26 <b>852 FIRST AVES.</b>		3. Date Incorporated or Qualified <b>12/15/1997</b>	
Suite, Apt. #, etc. 22 <b>HA</b>		Suite, Apt. #, etc. 27 <b>HA</b>		4. FEI Number <b>59-3491691</b>	
City & State 23 <b>NAPLES FL</b>		City & State 28 <b>NAPLES FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip 24 <b>34102</b>		Country 25 <b>COLLIER</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Zip 29 <b>34102</b>		Country 30 <b>COLLIER</b>		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**R F WROBLE**  
**7340 PROVINCE WAY #3307**  
**NAPLES FL 34104**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

12. OFFICERS AND DIRECTORS

TITLE	<b>SDVT</b>	<input type="checkbox"/> DELETE
NAME	<b>HERNANDEZ, LOUIS</b>	
STREET ADDRESS	<b>800 AUGUSTA BOULEVARD B-204</b>	
CITY-ST-ZIP	<b>NAPLES FL 34102</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HERNANDEZ, LOUIS</b>	
STREET ADDRESS	<b>800 AUGUSTA BOULEVARD B-204</b>	
CITY-ST-ZIP	<b>NAPLES FL 34102</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>4679 LAKEWOOD BLVD</b>
1.4 CITY-ST-ZIP	<b>NAPLES FL 34112</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>4679 LAKEWOOD BLVD</b>
2.4 CITY-ST-ZIP	<b>NAPLES FL 34112</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Signature]* **8/28/99**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)