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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9800007878

1. Corporation Name

JUST A T'S, PRODUCTIONS, INC.

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90078 043 ***150.00

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Principal Place	e of Business	Mailing Address		_		411) 44/11 11			
6794 ENTRADA PLACE BOCA RATON FL 33433		6794 ENTRADA PLACE BOCA RATON FL 33433		<u>شب</u>			· 		ستريت
				سري يول	DO NOT WRITE IN	HIS SPA	CE		
					3. Date Incorporated or Qualifed 01/26/1998				
2. Principal Pl	lace of Business	2a. Mailing Address		_	4. FEI Number		App	lied For	
21 1027	Teautite Street	26 1027 Tequests	dree	<u>+</u>	65-0803326 08	2012	Not	Applicable	ı
Suite, Apt.	Tequesta Street	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$	8.75 A	-	ı
ئ د S 22	e Z	27 Suite 7			3. Certificate of Citatos Desires		Fee Rec	quired	
City & State	9	City & State			6. Election Campaign Financing	5	5.00 h	May Be	
23 Ft. C	auderdile Florida	28 Ft. Lauderdale		<u>-, el 5</u>	Trust Fund Contribution		Added to	Fees	ı
Zip	Country	Zip	Country	_	8. This corporation owes the current year			_	ı
24 33 <u>31</u>	25 USA	29 33317 30	USK	<u> </u>	Personal Property Tax.			□No	ı
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registe	ed Age	nt		ı
2, 2,	O14 1110010O11		81	Name					,
BLOOM, HARRISON			82	Street Addr	Address (P.O. Box Number is Not Acceptable)				
	ENTRADA PLACE								ı
BOC	A RATON FL 33433		83						ı
			84	City		\ 8	Zip C		ı
	•			-		-L [
_11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-r	named corp	oration submits this statement for the purpos	e of char	iging its i	registered	-
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	r Honda: Such спапде was authors of Section 607 0505. Florida	onzed by th Statutes	e corporation	on's board of directors. I hereby accept the a	pomine	in as reg	Istered	1
"	,,	5115 CI, COCKOTI COTT.COCC, 1 1011-00	· Clatatoo.						
SIGNATURE	Signature, typed or printed name of registered agent	_		ignature require	d when reinstating) DAT				
"	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: Rec		signature requires	d when reinstating) DAT ADDITIONS/CHANGES TO OFFICER	AND D			100/1
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND President	and title if applicable. (NOTE: Re	gistered Agent s	signature requires	- And	AND D	IRECTOR	RS IN 12	(44100)
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND President	and title if applicable. (NOTE: Red) DIRECTORS	gistered Agent s	gnature required	- And	AND D			797 (44109)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND President	and title if applicable. (NOTE: Red) DIRECTORS	13.		- And	AND D			1007 (44/00)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND President	and title if applicable. (NOTE: Red) DIRECTORS	13. 1.1 TITLE 1.2 NAME	DDRESS	- And	AND D	Change	Addition	100E034 (4410a)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND President	and title if applicable. (NOTE: Red) DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET A	DDRESS	- And	AND D			(44,00)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND President	and title if applicable. (NOTE: Recondition of the control of the	13. 1.1 TITLE 1.2 NAME 1.3 STREET AI 1.4 CITY-ST-2	DDRESS	- And	AND D	Change	Addition	(44,000)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND President	and title if applicable. (NOTE: Recondition of the control of the	13. 1.1 TITLE 1.2 NAME 1.3 STREET AI 1.4 CITY-ST-2 2.1 TITLE	DDRESS ZIP	- And	AND D	Change	Addition	V00747/ 741/00/
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND President	and title if applicable. (NOTE: Recondition of the control of the	13. 1.1 TITLE 1.2 NAME 1.3 STREET AI 1.4 CITY-ST-2 2.1 TITLE 2.2 NAME	DDRESS ZIP	- And	AND D	Change	Addition	ODDE 034 (44/09)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND President	and title if applicable. (NOTE: Recondition of the control of the	13. 1.1 TITLE 1.2 NAME 1.3 STREET AI 1.4 CITY-ST-Z 2.1 TITLE 2.2 NAME 2.3 STREET AI	DDRESS ZIP	- And	AND D	Change	Addition	ODD-034 (44/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND President	and title if applicable. (NOTE: Report Property of the Control of	13. 1.1 TITLE 1.2 NAME 1.3 STREET AI 1.4 CITY-ST-Z 2.1 TITLE 2.2 NAME 2.3 STREET AI 2.4 CITY-ST-	DDRESS ZIP	- And	AND D	Change	☐ Addition	7001447 744700
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND President	and title if applicable. (NOTE: Report Property of the Control of	13. 1.1 TITLE 1.2 NAME 1.3 STREET AI 1.4 CITY-ST-2 2.1 TITLE 2.2 NAME 2.3 STREET AI 2.4 CITY-ST- 3.1 TITLE	DDRESS ZIP	- And	AND D	Change	☐ Addition	ODDION (44 (00)
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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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR