

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  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90088 030 \*\*\*150.00

DOCUMENT # P98000015714

1. Corporation Name

WBCO PRODUCTIONS INC.

Principal Place of Business

9125 LITTLE ROAD #140  
NEW PORT RICHEY FL 34654

Mailing Address

9125 LITTLE ROAD #140  
NEW PORT RICHEY FL 34654

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1998

4. FEI Number

59-3496103

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

FERDINAND, JOHN  
9125 LITTLE ROAD #140  
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV ☐ DELETE

NAME ADDISON, DOUGLAS L  
STREET ADDRESS 10505 HILLTOP DR.  
CITY-ST-ZIP NEW PORT RICHEY FL 34654

1.1 TITLE ☐ Change ☐ Addition

TITLE DT ☐ DELETE

NAME BAYLISS, JOHN  
STREET ADDRESS 10441 HILLTOP DR.  
CITY-ST-ZIP NEW PORT RICHEY FL 34654

2.1 TITLE ☐ Change ☐ Addition

TITLE DS ☐ DELETE

NAME CLARK, TIMOTHY  
STREET ADDRESS 7710 PINEAPPLE LANE  
CITY-ST-ZIP PORT RICHEY FL 34668

3.1 TITLE ☐ Change ☐ Addition

TITLE DV ☐ DELETE

NAME DIEL, BERNARD  
STREET ADDRESS 11808 BINGHAM DR.  
CITY-ST-ZIP PORT RICHEY FL 34668

4.1 TITLE ☐ Change ☐ Addition

TITLE DP ☐ DELETE

NAME FERDINAND, JOHN  
STREET ADDRESS 5040 WATERSIDE DR.  
CITY-ST-ZIP PORT RICHEY FL 34668

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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

Date

Daytime Phone #

CR2E034 (1/98)