

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90139 006 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000030122**

1. Corporation Name

**AFTER MIDNIGHT PRODUCTIONS, INC.**

Principal Place of Business

13401 S.W. 2ND ST.  
MIAMI FL 33184

Mailing Address

13401 S.W. 2ND ST.  
MIAMI FL 33184

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1998

4. FEI Number

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional

Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**RODRIGUEZ, JORGE M JR.**  
**13401 S.W. 2ND ST.**  
**MIAMI FL 33184**

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

 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 President/Owner  
 Jorge Rodriguez Jr.  
 13401 S.W. 2nd St.  
 Miami, FL 33184
☐ DELETE
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
☐ DELETE
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
☐ DELETE
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
☐ DELETE
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
☐ DELETE
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 1.1 TITLE  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP
☐ Change ☐ Addition
 2.1 TITLE  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP
☐ Change ☐ Addition
 3.1 TITLE  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP
☐ Change ☐ Addition
 4.1 TITLE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP
☐ Change ☐ Addition
 5.1 TITLE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP
☐ Change ☐ Addition
 6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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

 2-5-99 (305) 229-4204  
 Date Daytime Phone #

CR2E034 (11/98)