

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
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90090 032 ***150.00

DOCUMENT # P98000039050

1. Corporation Name
DARK PRODUCTIONS, INC.

Principal Place of Business
3817 CARAMBOLA CIRCLE NORTH
COCONUT CREEK FL 33066

Mailing Address
3817 CARAMBOLA CIRCLE NORTH
COCONUT CREEK FL 33066



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1998

4. FEI Number

65-0831039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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

21 199 E. Riverbend Dr.

2a. Mailing Address

26 199 E. Riverbend Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Sunrise FL

City & State

28 Sunrise FL

Zip

24 33326 25 USA

Zip

29 33326 30 USA

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Vincent Hogan
82 Street Address (P.O. Box Number is Not Acceptable)
199 E. Riverbend Dr.
83
84 City Sunrise FL 85 Zip Code 33326

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

Vincent Hogan - Pres.
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/1/99
DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD
NAME HOGAN, VINCENT G
STREET ADDRESS 3817 CARAMBOLA CIRCLE NORTH
CITY-ST-ZIP COCONUT CREEK FL 33066

TITLE VD ☐ DELETE

NAME GIDDENS, STANLEY A
STREET ADDRESS 3817 CARAMBOLA CIRCLE NORTH
CITY-ST-ZIP COCONUT CREEK FL 33066

TITLE SD ☐ DELETE

NAME CROCKETT, JOHN R
STREET ADDRESS 3817 CARAMBOLA CIRCLE NORTH
CITY-ST-ZIP COCONUT CREEK FL 33066

TITLE TD ☐ DELETE

NAME SIMONETTA, PATRICIA A
STREET ADDRESS 3817 CARAMBOLA CIRCLE NORTH
CITY-ST-ZIP COCONUT CREEK FL 33066

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 as an attachment with an address, with all other like empowered.

SIGNATURE:

Vincent Hogan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99
Date

954-389-7224
Daytime Phone #

CR2E034 (11/98)

0175111