


**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90145 020 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P98000046041</b> 1. Corporation Name <b>STRANGER COMPANY PRODUCTIONS</b>					
Principal Place of Business 148 KILDARE DR. SEBASTIAN FL 32958			Mailing Address 148 KILDARE DR. SEBASTIAN FL 32958		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified <b>05/21/1998</b>					
2. Principal Place of Business 21 <b>RR BOX 81 5</b> Suite, Apt. #, etc. City & State <b>VERO BEACH, FL. 32961</b> Zip Country <b>25</b>		2a. Mailing Address 26 <b>RR BOX 81 5</b> Suite, Apt. #, etc. City & State <b>VERO BEACH, FL. 32961</b> Zip Country <b>29</b>		4. FEI Number <b>65-0852753</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>BROWN, RICHARD L ESO</b> <b>2910 CARDINAL DRIVE</b> <b>VERO BEACH FL 32963</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>PSD</b> NAME <b>CHERVANSKY, JOE</b> STREET ADDRESS <b>P.O. BOX 815 N/A</b> CITY-ST-ZIP <b>VERO BEACH FL 32961</b>			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #