


FILED
May 21, 1999 8:00 am
Secretary of State

05-21-1999 90005 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000051865			
1. Corporation Name Q PRODUCTIONS, INC.			
Principal Place of Business		Mailing Address	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified	
21 3075 W. OAKLAND PK BLVD		6/9/98	
2a. Mailing Address		4. FEI Number	
26 8211 W. BROWARD BLVD		65-0847477	
Suite, Apt. #, etc.		Applied For	
22 210		Not Applicable	
City & State		5. Certificate of Status Desired	
23 FT. LAUD., FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		6. Election Campaign Financing	
24 33311		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		8. This corporation owes the current year Intangible Personal Property Tax.	
25 USA		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
City & State		27 375	
28 PLANTATION, FL		29 33324	
Zip		30 USA	
Country		31 33324	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name		TODD W KUSTON	
82 Street Address (P.O. Box Number is Not Acceptable)		8211 W BROWARD BLVD	
83		SUITE 375	
84 City		PLANTATION FL	
85 Zip Code		33324	
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	
TODD W KUSTON		6/5/99	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> DELETE		1.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME		1.2 NAME GREG MILLER	
1.3 STREET ADDRESS		1.3 STREET ADDRESS 5363 NORTHWEST 60TH DRIVE	
1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP CORAL SPRINGS, FL 33067	
2.1 TITLE <input type="checkbox"/> DELETE		2.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME		2.2 NAME MICHAEL MILLER	
2.3 STREET ADDRESS		2.3 STREET ADDRESS 5363 NORTHWEST 60TH DRIVE	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP CORAL SPRINGS, FL 33067	
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3.2 NAME		3.2 NAME	
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3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		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 (11/98)