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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000069025

1. Corporation Name

BLACK KNIGHT PRODUCTIONS, INC.



Principal Place of Business
1300 THIRD ST. SO. STE. 302B
NAPLES FL 34102

Mailing Address
1300 THIRD ST. SO. STE. 302B
NAPLES FL 34102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1998

4. FEI Number

65-0860695

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 24881 Carnoustie Ct

Suite, Apt. #, etc.

22

City & State

23 Bonita Springs, Florida

Zip Country

24 34135

25 USA

2a. Mailing Address

26 24881 Carnoustie Ct

Suite, Apt. #, etc.

27

City & State

28 Bonita Springs, Florida

Zip Country

29 34135

30 USA

9. Name and Address of Current Registered Agent

MURRAY, CHARLES A P.A.
1300 THIRD ST. SO. STE. 302B
NAPLES FL 34102

10. Name and Address of New Registered Agent

81

Name **Merlin Miller**

82

Street Address (P.O. Box Number is Not Acceptable)
24881 Carnoustie Ct.

83

84

City **Bonita Springs**

FL

Zip Code
34135

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

Merlin Miller
Signature, typed or printed name of registered agent and title if applicable.

Merlin L. Miller

(NOTE: Registered Agent signature required when reinstating)

February 5, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **MILLER, MERLIN L**
STREET ADDRESS **5618 SO. WOODCLIFF**
CITY-ST-ZIP **SPRINGFIELD MO 65804**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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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

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **MILLER, MERLIN L**
1.3 STREET ADDRESS **24881 Carnoustie Ct**
1.4 CITY-ST-ZIP **Bonita Springs, Florida 34135**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **DORLAND, GILBERT N**
2.3 STREET ADDRESS **4246 N. Ocean Dr.**
2.4 CITY-ST-ZIP **Hollywood, FL 33019**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **DRAPER, JOHN M**
3.3 STREET ADDRESS **3 Hollycraft Ave.**
3.4 CITY-ST-ZIP **London, England NW37Q6**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Merlin Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Merlin L. Miller

Feb 5, 1999

(941)495-2117

Daytime Phone #

CR2E034 (11/98)