SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000072430

FIGMENT PRODUCTIONS, INC.

Mailing Address

3801 W COMMERCIAL BLVD STF 22

Principal Place of Business

-- 9001 MI COMMERCIAL RIVID - 9TE-99

FILED Aug 09, 1999 8:00 am Secretary of State

08-09-1999 90010 046 ***150.00



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City & State Zip							5. Certificate o	T Status Desired		Fee R	lequired		
Country Zip							6. Election Car	mpaign Financing				}	
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent OBERLANDER, MICHELLE	23						Trust Fund	Contribution		Added	to Fees		
8. Name and Address of Current Registered Agent OBERLANDER, MICHELLE -9801 W COMMERCIAL BLVD, STE-22* FORT LAUDERDALE FL 33309 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the outpose of changing its registered agent, or both, in the State of Florida. Such change was submitted by the corporation's board of directors. I hereby accept the appointment as registered agent, are both, and accept the obligation of, section 607.0509, Florida Statutes, the above-named corporation submits this statement for the outpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was submitted by the corporation's board of directors. I hereby accept the appointment as registered signature, type or proved name of registered agent, or both, and accept the obligation of, section 607.009, Florida Statutes, the above-named corporation submits this statement for the outpose of changing its registered agent, or both, and accept the appointment as registered of directors. I hereby accept the appointment as registered agent, or both, and accept the obligation of, section 607.009, Florida Statutes, the appointment as registered agent, or both, and accept the obligation of, section 607.009, Florida Statutes, the appointment as registered agent, or both, and accept the appointment as registered agent. I have a provinced by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, and accept the appointment as registered agent. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. IT TIME 13. TIME 13. TIME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. IT TIME 22. NAME 23. SIREET ADDRESS 24. CITYST2P 24. CITYST2P 25. TIME 27. NAME 28. SIREET ADDRESS 29. CITYST2P 29. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. IT TIME 29. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. IT TIME 20. CITYST2P 20. CITY	·				ntry	1			ent year	/ r	¬ Ma	-	
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## CITY ## COMMERCIAL Fil. VP. 6TE-92 FORT LAUDERDALE FL 33309 ## City FL 85 Zip Code ## City FL 85 Zip	OBE	ERLANDER, MICHELLE										_	
11. Pursuant to the provisions of seatons 607 0502 and 607 1509. 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 office or registered agent, and samples with, and accept the obligations of, section 607,0505, Florida Statutes. SIGNATURE Signature, typed or primari name of registered agent and title if applicable. (NOTE: Registered Agent agent are legistered agent and title if applicable.) (NOTE: Registered Agent agent are recistable). DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE CIO RAY DIROCCO, 3801 W COMMERCIAL BLVD FORT LAUDERDALE FL 33309 DELETE 23 TITLE 22 NAME 33 STREET ADDRESS 23 STREET ADDRESS 24 CITYST 2P TITLE DELETE DELETE 31 TITLE 24 Change Addition ANALE TITLE DELETE DELETE 11 TITLE 12 NAME 33 STREET ADDRESS 24 CITYST 2P TITLE DELETE DELETE 11 TITLE 12 NAME 33 STREET ADDRESS 24 CITYST 2P TITLE DELETE DELETE 11 TITLE 12 NAME 33 STREET ADDRESS 24 CITYST 2P TITLE DELETE 11 TITLE 12 NAME 33 STREET ADDRESS 24 CITYST 2P TITLE DELETE 11 TITLE 12 NAME 33 STREET ADDRESS 24 CITYST 2P TITLE 13 STREET ADDRESS 25 NAME 35 STREET ADDRE			2*		82 Str	reet Address	iress (P.O. Box Number is Not Acceptable)						
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reflectly betting that the minimization supplied with this limit does not quality for the exemption stated in section 1.15.07(3)), Fortica statutes. Further certify that the firm indicated on this annual report or suppliemental 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.

SIGNATURE:

Daytime Phone #

Raymond M. DiRocco, CPA Licensed in Florida Allan B. Dombrow, CPA Licensed in Florida, New Jersey, Texas

Commercial Point Plaza 3601 W. Commercial Blvd. Suite 22 Ft. Lauderdale, FL 33309 Tel: (954) 731-8181 Fax: (954) 739-1054

DiRocco & Dombrow, P.A.

Certified Public Accountants and Consultants

003123-CVX0-46

July 7, 1999

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Late Annual Report Filing

Gentlemen,

Our client received the attached late notice concerning the filing of the Annual Report. We feel that the imposition of a penalty of \$400.00 is not warranted in this situation. Our client is in the habit of turning over to us all correspondence received from any governmental agency. It is apparent that they never received the first notice, or we would have known about it.

We are enclosing a check in the amount of \$150.00 to cover the annual filing fees. Please accept this amount and cancel the late charges.

Very truly yours,

-DiRocco & Dombrow, P.A

Enclosures