


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90006 013 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000076471</b>					
1. Corporation Name <b>GOLDEN SEAL PRODUCTIONS, INC.</b>					
Principal Place of Business <b>501 116TH AVENUE NORTH #148 ST. PETERSBURG FL 33716</b>			Mailing Address <b>501 116TH AVENUE NORTH #148 ST. PETERSBURG FL 33716</b>		
2. Principal Place of Business 21 <b>13575 58<sup>th</sup> ST. N.</b> Suite, Apt. #, etc. 22 <b>135</b> City & State 23 <b>CLEARWATER, FL</b> Zip Country 24 <b>33760</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>P.O. Box 20089</b> Suite, Apt. #, etc. 27 City & State 28 <b>ST. PETERSBURG, FL</b> Zip Country 29 <b>33742</b> 30 <b>USA</b>		3. Date Incorporated or Qualified <b>09/01/1998</b>	
4. FEI Number <b>59-3530873</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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>SHEAR, ROBERT L 2790 SUNSET POINT ROAD CLEARWATER FL 33759</b>			10. Name and Address of New Registered Agent 81 Name <b>ALISON STEELE</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>535 CENTRAL AVE</b> 83 84 City <b>ST. PETERSBURG</b> FL 85 Zip Code <b>33701</b>		
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 agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <i>Alison Steele, Esq.</i> <b>Alison Steele, Esq.</b> <b>2/9/99</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOPEZ, DAVID R		1.2 NAME		
STREET ADDRESS	501 116TH AVENUE NORTH #148		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33716		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALFANT, BRIAN		2.2 NAME		
STREET ADDRESS	12170 74TH STREET NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33773		2.4 CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIS, JACK JR.		3.2 NAME		
STREET ADDRESS	12805 TATINA WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33625		3.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOBBS, SANDRA J		4.2 NAME		
STREET ADDRESS	6817 FOUNTAIN AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33634		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
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: *Jack Harris Jr.* **REQUIER-HARRIS JR.** **1/31/99** **(813) 264-6167**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)