ECOND 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 #** P02000076002

## **FILED** Jul 12, 1999 8:00 am Secretary of State

07-12-1999 90009 035 \*\*\*550.00

Corporation	n Name	F 30000		0333						
NOISY DOG PRODUCTIONS, INC.								586017 - 90009 - 35		
110,01	<b>5</b> 00 1 110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								Á
rincipal Place of Business Mailing Address									- F CONTINUE IN A SUID! IN IN UNIT ON SIT MAIL BOWN 10018 DISSO IN IN 10190 ISIN 401	I
B4 DOVER STREET 784 DOVER STREET									,	
OCA RATON FL 33487 BOCA RATON FL 33487									DO NOT WIDITE IN THIS SPACE	
									DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified	7
								;	09/02/1998	
Princinal P	lace of Busin	ess	a. Mailing Address					4. FEI Number Applied For	7	
Principal Place of Business				26					65 - 086 0958 Not Applicable	7
Suite, Apt. #, etc.				Suite, Apt. #, etc.				, -	5. Certificate of Status Desired \$8.75 Additional	٦
				27					5. Certificate of Status Desired Fee Required	┙
City & State				City & State					6. Election Campaign Financing \$5.00 May Be	
			28	<del></del>			<del></del> +		Trust Fund Contribution Added to Fees	4
Zip Country				¬ '			ountry		8. This corporation owes the current year Intendible Personal Property.  Yes No	
25 25 9. Name and Address of Current I				29 30					10. Name and Address of New Registered Agent	$\dashv$
	9. Name	and Address of Curier	it Keğis	Teled Agent		81	Name		To. Italia and Address of Italy Registers 2 1801	↿
FARACH, MANUEL										4
1645 PALM BEACH LAKES BLVD, SUI				TE 1200			Street A	ddres	ass (P.O. Box Number is Not Acceptable)	.
WEST PALM BEACH FL 33401										٦
							-		OR 7in Code	4
						84	City		FL 85 Zip Code	
I. Pursuant	to the provis	ions of sections 607.050	2 and 60	07.1508, Florida Statute	s, the ab	ove	named co	rpora	ation submits this statement for the purpose of changing its registered	٦
office or agent. La	registered aç am familiar w	jent, or both, in the State ith, and accept the oblig	of Flori	da. Such change was a f. section 607.0505, Flo	uthorize rida Stat	d by utes	the corpo i.	ration	n's board of directors. I hereby accept the appointment as registered	
IGNATURE		, ,								1
Signature, typed or printed name of registered agent and title if applicable. (NOTE:						Registered Agent signature required				-
i. LE		OFFICERS AN	ND DIKE				3. I TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	7
	D	MICHAEL W		DELETE	IAME			Change Addition	`]	
WALSH, MICHAEL H 784 DOVER STREET				<b>i</b>			STREET ADDRESS		-	
Y.ST-ZIP BOCA RATON FL 33487				1			/-ST-ZIP			
LE	BOCA NATON PC 33467					TITLE			Change Addition	
ME	Ì			·		NAME				1
REET ADDRESS.					STREET ADDRESS				1	
Y-ST-ZIP					CITY-ST-ZIP				_	
ĻE				DELETE		3.1 TITLE			Change Addition	1
ME					3.2 N/		NAME			
REET ADDRESS					3.3 ST	3.3 STREET ADDRESS				
Y-ST-ZIP					3.4 C		-ZIP			_
LE	L DELETE			DELETE	4.1 TITLE				Change Addition	1
ME							NAME			1
REET ADDRESS					4.3 STREET ADDRESS					
Y-ST-ZIP					4.4 CI		-ZIP		Change Addition	$\dashv$
LE DELETE						5.1 TITLE 5.2 NAME			Change Addition	'
WE REET ADDRESS							ADDRESS			
				i	5.4 C		- 1			- }
Y-ST-ZIP LE				DELETE	6.1 TI				Change Addition	$\neg$
WE				C DECEL	6.2 NA		- 1			
REET ADDRESS							ADDRESS			1

6.4 CITY-ST-ZIP 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.

**IGNATURE:**