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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

JFA PRODUCTIONS, IN	_	37382 V								
Principal Place of Business Mailing Address						* 10011001 110 12121 18111 44111 441	(1 00)11 4010 1 (01)1 ((8) (8)(4 5)() (1	
14104 UPPER MANATEE RIVER ROAD 14104 UPPER MANATEE RIVER ROBBRADENTON FL 34202 BRADENTON FL 34202				AO		DO NOT WRITE IN THIS SPACE				
	•					3. Date Incorporated or Qualifed 10/13/1998				
2. Principal Place of Business	2	2a. Mailing Address				4. FEI Number		\vdash	Applied For	
21	26					65-0889244			Not Applical	
Suite, Apt. #, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired Sa.75 Additional Fee Required				
City & State	28	City & State				Election Campaign Financing Trust Fund Contribution	<u> </u>	•	0 May Be d to Fees	
	ountry 29	- <u>-</u> -	Country	7		This corporation owes the curre Personal Property Tax.	<u>XX</u>	Yes	□No	
	ddress of Current Reg	istered Agent	ļ			10. Name and Address of New R	egistered Age	nt		
OSBURN. JENNIFER			81		Jennifer Jones Arnaud					
14104 UPPER MANATEE RIVER ROAD			82		Street Addres	ss (P.O. Box Number is Not Accepta	ble)			
BRADENTON FL 3420	02		83							
					City		FL 8	`\	p Code	
office or registered agent, or agent. I am familiar with, and	both in the State of Flo	orda. Such change was author of, Section 607.0505, Florida S	zea ov	' tn	named corpor ne corporation	ation submits this statement for the 's board of directors. I hereby accep		nging ent as	its registere registered	
SIGNATURE	name nitregistered agent and til	Manual (NOTE Regist	ered Ann	nt s	signature required w	when reinstating)	DATE D	<u>ပ</u>		

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							1				
SIGNATURE		Grand				Ju	ly 36	99_			
Signifure, typed discripted name of rightstered agent and title if applicable. (NOTE, Registered Agent signature required when remissionly)											
12. /	/ OFFICERS AND DIRECTORS		13. ADDITIONS/CHAN			IGES TO OFFICERS AND DIRECTORS IN 12					
TITLE (/D	☐ DELETE	1.1 TITLE	_			X Change	Addition			
NAME [osburn, jennifer		1.2 NAME	Jennifer	Jones	Arnaud					
STREET ADDRESS	14104 UPPER MANATEE RIVER ROAD		1.3 STREET ADDRESS								
CITY-ST-ZIP	BRADENTON FL 34202		1.4 CITY-ST-ZIP	<u>-</u>	,						
TITLE		☐ DELETE	2.1 TITLE				Change	Addition]			
NAME	÷		2.2 NAME								
STREET ADDRESS			2.3 STREET ADDRESS					ļ			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			<u> </u>					
TITLE		☐ DELETE	3.1 TITLE				Change	☐ Addition			
NAME			3.2 NAME					Į			
STREET ADDRESS			3.3 STREET ADDRESS								
CITY-ST-ZIP	<u> </u>		3.4. CITY-ST-ZIP								
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition			
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREET ADDRESS								
CITY-ST-ZIP		· · · · · ·	4.4 CITY-ST-ZIP								
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition			
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY- ST- ZIP								
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition			
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREET ADDRESS					}			
CITY-ST-ZIP			6.4 CITY- \$T- ZIP								

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: X

FILED Aug 04, 1999 8:00 am Secretary of State

08-04-1999 90007 037 ***550.00

Applied For Not Applicable