

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

FILED

Jun 30 1999 8:00am
Secretary of State

Amended

PROFIT CORPORATION
ANNUAL REPORT
1999

DOCUMENT # P98000095005

1. Corporation Name
L PRODUCTIONS INC

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

Principal Place of Business Mailing Address

06/30/99 90006 047 61.25
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	744 NW 42 Place	26		11-10-98	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
Pompano Beach, FL				65-0874291	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
33064				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip		Country		8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No	
USA					

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Laura Gawne 744 NW 42 Place Pompano Beach FL 33064		81 Name Robert W Gawne JR 82 Street Address (P.O. Box Number is Not Acceptable) 744 NW 42 Place 83 84 City Pompano Beach FL 85 Zip Code 33064	

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE Robert Gawne L DATE 6/24/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☒ DELETE	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	Laura Gawne	1.2 NAME	Robert W Gawne JR
STREET ADDRESS	744 NW 42 Place	1.3 STREET ADDRESS	744 NW 42 Place
CITY-ST-ZIP	Pompano Beach FL 33064	1.4 CITY-ST-ZIP	Pompano Beach FL 33064
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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-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: Robert Gawne L DATE 6/24/99 9549424055

CR2E034 (11/98)