


FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90261 026 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000097078					
1. Corporation Name PROVIDENCE PRODUCTIONS, INC.					
Principal Place of Business 580 S.E. 13TH STREET #301 DANIA FL 33004			Mailing Address 580 S.E. 13TH STREET #301 DANIA FL 33004		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 7175 ORANGE DR					
2a. Mailing Address 26 7175 ORANGE DR					
3. Date Incorporated or Qualified 11/16/1998					
4. FEI Number 650876657					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Election Campaign Financing <input type="checkbox"/> \$5.00 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					
22. Suite, Apt. #, etc. #107H			27. Suite, Apt. #, etc. #107H		
23. City & State DAVIE			28. City & State DAVIE		
24. Zip 33314 25. Country			29. Zip 33314 30. Country		
9. Name and Address of Current Registered Agent ACCETTA, STEPHANIE M 580 S.E. 13TH STREET #301 DANIA FL 33004			10. Name and Address of New Registered Agent 81 Name Accetta, Stephanie M 82 Street Address (P.O. Box Number is Not Acceptable) 7175 ORANGE DR 83 #107H 84 City DAVIE FL 85 Zip Code 33314		
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 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 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reappointing) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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:

Stephanie Accetta
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephanie Accetta
 Date

4/20/99
 Daytime Phone #
954-929-4898

CR2E034 (11/98)