

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90031 045 ***150.00

DOCUMENT # P98000106516

1. Corporation Name
CHARISMA PRODUCTIONS, INC.

Principal Place of Business
324 INDIANA ST., S-5
HOLLYWOOD BEACH FL 33019

Mailing Address
324 INDIANA ST., S-5
HOLLYWOOD BEACH FL 33019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1998

4. FEI Number

65-0885275

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 101 NORTH OCEAN DRIVE

26 101 NORTH OCEAN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 683

27 # 683

City & State

City & State

23 HOLLYWOOD BEACH, FLORIDA

28 HOLLYWOOD BEACH, FLORIDA

Zip

Country

Zip

Country

24 33019

25 U.S.A.

29 33019

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPECTOR, JOEL

324 INDIANA ST., S-5

HOLLYWOOD BEACH FL 33019

81 Name

Spector, Joel

82 Street Address (P.O. Box Number is Not Acceptable)

101 North Ocean Drive

83

Suite No. 683

84

Hollywood

FL

85 Zip Code

33019

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 *Joel Spector*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME SPECTOR, JOEL
STREET ADDRESS 324 INDIANA ST., S-5
CITY-ST-ZIP HOLLYWOOD BEACH FL 33019

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Spector, Joel
1.3 STREET ADDRESS 101 North Ocean Drive Suite 683
1.4 CITY-ST-ZIP Hollywood, FL 33019

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: *Joel Spector* JOEL SPECTOR. 4/19/99: 954-920-3213.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)