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

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Apr 30 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # S02072 QUICK DRAW PRODUCTIONS, INC. Principal Place of Business Mailing Address 1835 PURDY AVE. 1835 PURDY AVE. MAMI FL 33139 MIAMI FL 33139 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/25/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0226970 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5,00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Turchin, John 1835 PUNDY AVE. Street Address (P.O. Box Number is Not Acceptable) MAMI BEACH FL 33139 83 84 City Zip Code 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 (NOTE. Registered Agent a-gnature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELÉTE Change Addition 1.1 TITLE TITLE TURCHIN, JOHN 1 2 NAME NAME 1835 PURDY AVENUE STREET ADORESS 1.3 STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADORESS CITY - ST - ZIP 2 4 City-St-782 Change DELETË Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE MALIF 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change ■ Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

14. Thereby 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 trusted 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, of on an attachment with an address.

4-17-90

305-672 0702

**FILED**