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Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # **SD356900**

1. Corporation Name

TOPAZ MEDIA PRODUCTIONS INC

Principal Place of Business

Mailing Address

**1000 ISLAND BLVD. SUITE 3205
WILLIAMS ISLAND FL 33160**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

21 **SAME AS ABOVE**26 **SAME AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SAME**27 **1**

City & State

City & State

23 **SAME**28 **1**

Zip

Zip

24 **1**

Country

Country

25 **USA**29 **USA**

9. Name and Address of Current Registered Agent

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year in angle
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 signature required when reinstating)

DATE

12. PRESIDENT OFFICERS AND DIRECTORS

TITLE ☐ DELETENAME **DANNY TADMORE**STREET ADDRESS: **1000 ISLAND BLVD P.H. 5**CITY-ST-ZIP: **AVENTURA FL. 33160**TITLE ☐ DELETENAME **PAUL QUINCY BO - SECRETARY**STREET ADDRESS: **407 LACLU RD**CITY-ST-ZIP: **M.B FL. 33139**TITLE ☐ DELETE

NAME

STREET ADDRESS:

CITY-ST-ZIP:

TITLE ☐ DELETE

NAME

STREET ADDRESS:

CITY-ST-ZIP:

TITLE ☐ DELETE

NAME

STREET ADDRESS:

CITY-ST-ZIP:

TITLE ☐ DELETE

NAME

STREET ADDRESS:

CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 1; or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)