

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

DOCUMENT # S18472

1. Corporation Name

RANDI PHILLIPS PRODUCTIONS, INC.

Principal Place of Business

1527 JOHNSON ST  
STE. 202  
HOLLYWOOD FL 33020  
US

Mailing Address

1527 JOHNSON STREET  
STE. 202  
HOLLYWOOD FL 33020  
US

2. Principal Place of Business

21 1527 JOHNSON ST

Suite, Apt., #, etc.

22 N/A

City & State

23 HOLLYWOOD FL

Zip

24 33020

Country

25 USA

2a. Mailing Address

26 1527 JOHNSON ST

Suite, Apt., #, etc.

27

City & State

28 HOLLYWOOD FL

Zip

29 33020

Country

30 USA

9. Name and Address of Current Registered Agent

DAVIS, RONALD L.  
SKYLAKE STATE BANK BLDG., STE. 407  
1550 NE MIAMI GARDENS DR.  
NORTH MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1990

4. FEI Number

65-0237040

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 Intangible  
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. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME PHILLIPS, RANDI

STREET ADDRESS 435 NE 210TH CIR. TERR.

CITY-ST-ZIP MIAMI FL 33179

TITLE T ☐ DELETE

NAME PHILLIPS, BERNARD

STREET ADDRESS 2828 CONN AVE. NW #611

CITY-ST-ZIP WASHINGTON DC 20008

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 DP ☐ Change ☐ Addition

1.2 NAME PHILLIPS RANDI

1.3 STREET ADDRESS 1527 JOHNSON ST

1.4 CITY-ST-ZIP HOLLYWOOD, FL 33020

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 12 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 #

FILED  
Apr 12, 1999 8:00 am  
Secretary of State

04-12-1999 90050 009 \*\*\*150.00



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