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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address

CITY-ST-ZIP

TITLE NAME

TITLE NAME S32902

Mailing Address

BLUEJAY PRODUCTIONS INTERNATIONAL. INC.

8038 S.R. 54 8038 S.R. 54 **NEW PORT RICHEY FL 34653 NEW PORT RICHEY FL 34653** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/20/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 5.R. 54 8022 S.R. 54 G037 59-3045610 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WILLIAMS, KELLY 8038 SR. #54 82 Street Address (P.O. Box Number is Not Acceptable) **NEW PORT RICHEY FL 34653** 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 signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETÉ ☐ Change ☐ Addition TITLE 1.1 TITLE WILLIAMS, BRUCE NAME 12 NAME 8038 SR #54 STREET ADDRESS 1.3 STREET ADDRESS **NEW PORT RICHEY FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 21 TITLE WILLIAMS, KELLY A NAME 2.2 NAME 8038 SR #54 2.3 STREET ADDRESS STREET ADDRESS **NEW PORT RICHEY FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELET**E** 3.1 TITLE ☐ Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE DELETE 4.1 TITLE ☐ Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

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

DELETE

DELETE

FILED Feb 19 1998 8:00am Secretary of State



Addition

Addition

Change

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