FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S48740** **(2)**

1. Corporation Name

INSURGENCE PRODUCTIONS, INC.

Principal Place of Business

8903 GLADES ROAD
STE. #140
BOCA RATON FL 33434
US

Mailing Address

8903 GLADES ROAD
STE. #140
BOCA RATON FL 33434
US

2. Principal Place of Business

21 _____

Suite, Apt. #, etc.

22 _____

City & State

23 _____

Zip 24 _____ County 25 _____

2a. Mailing Address

26 20423 State Road 7

Suite, Apt. #, etc.

27 #397

City & State

28 Boca Raton FL

Zip 29 33498 County 30 USA

3. Date Incorporated or Qualified: **04/29/1991**

3a. Date of Last Report: **02/20/1995**

4. FEI Number: **59-3062565** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PEREZ III, FRENANDO
315 E MADISON ST
SUN BANK BLDG SUITE 1000
TAMPA FL 33602

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 607.1501 and 617.1501, Florida Statutes, this 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 duties of Section 607.325, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	[ ] DELETE	11 TITLE	☒ Change ☐ Addition
NAME	CHEEVERS, CRAIG		12 NAME	
STREET ADDRESS	8903 GLADES #140		13 STREET ADDRESS	20423 State Road 7, #397
CITY-ST-ZIP	BOCA RATON FL		14 CITY-ST-ZIP	Boca Raton FL 33498
TITLE		[ ] DELETE	21 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	
TITLE		[ ] DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		[ ] DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report is accurate, that this report does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 added, above or on an attachment with an address.

SIGNATURE: Craig Cheevers Apr. 8, 1996 4074511089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

CR2E034 (12/95)