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

COF	PROFIT CORPORATION ANNUAL REPORT 1998 FLORIDA DEPARTMENT Secretary of S DIVISION OF CORP			ı	FILED 98 MAY -4 AM 10: 48
DOCUMENT # 593810 1. Corporation Name MELI PRODUCTIONS, INC.					SECRETARY OF STATE TALLAHASSEE. FLORIDA
Principal Place of Business 5935 Rivers Ave. SAME N. CHARLESTON S.C. 29406 2. Principal Place of Business 21. Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11-13-91 4. FEI Number 65-0301702 Applied For Not Applicable \$8.75 Additional
22	City & State			·	Certificate of Status Desired Fee Required Status Desired Fee Required Status Desired Fee Required Status Desired Fee Required Added to Fees
Zip 24	Country 7ip 25 29 30 9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
10480 N.W. 2014 C7. SUNRISE, FL. 33322 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-name office or registered agent, or both, in the State of Florida Such change was authorized by the coagent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				e-named corpora	poration submits this statement for the purpose of changing its registered accept the appointment as registered
SIGNATURE	Signature, typed or profed name of registered agent	and title (approable (NOT	f : Registered Age	ent signature requ	ired when reinstating) DATE
12. TITLE NAME STREET ADDRESS	PTVS JOSEPH MELI 150 WAPPOO CREEK CHARLESTON S.C.	DR. #8	1.1 MILE 1.2 NAME 1.3 STREET 1.4 CHY-S		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition 10002520231 -05/12/38-01047-006 *****158.75
TITLE, NAME STREEL ADDRESS	Samples on	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS	東京本庫15日、75、 電野市制造品口をdition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	2. 4 City-1 3.1 Title 3.2 Name 3.3 Street 3.4. City-5	ADDRESS	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S	ADDRESS	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DORESS DORESS 5.1 TI			ADDRESS	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - 71P		DELETE 61 TITLE 62 NAME 6.3 STREFT A 6.4 CITY-ST		1 - 7(P	Change Addition
14. I hereby of indicated officer or Block 12	certify that the information supplied with on this annual report or supplemental director of the corporation or the recoip or Block 13 if changed, or on an arrange	this filing does not qualify for annual report is true and account of trustee empowered to ment with an address.	or the exemp curate and the execute this	tion stated in at my signatu report as req	Section 119.07(3)(i), Florida Statutes. I further certify that the information are shall have the same legal effect as if made under oath; that I am an juried by Chapter 607, Florida Statutes; and that my name appears in