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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$94698

DARKROOM PRODUCTIONS INC.

(5)

Mailing Address

FILED Apr 24 1997 8:00am Secretary of State



1024 LINCOLN ROAD MIAMI BEACH FL 33139		1024 LINCOLN ROAD MIAMI BEACH FL 33139-2502					
					Date Incorporated or Qualified 11/18/1991	3a. Date of La 03/21/199	
	lace of Bysiness	2a. Mailing Address], j	21	4, FEI Number		Applied For
21 <i>QII I</i> Suite, Apt	Lincoln Kd	26 611 LINC	un 1	<u> </u>	65-0297992		Not Applicable
22 20) ス	Suite, Apt. #, etc. 27 202			5. Certificate of Status Desired	1 1 , , ,	75 Additional e Required
	umi Beach FL	City & State 28 Miami Booc	28 Milami Booch +L.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24 33\3			Countr	<u>)SA</u>		Yes No	er s. 199.032,
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent 81 Name			
ROSENTHAL, RANDY MITCHEL				Name	•		
1024 LINCOLN ROAD GIL Lincoln Rd 5.20 MIAMI BEACH FL 33139 miami Bach FL 3313				82 Street Address (P.O. Box Number is Not Acceptable)			
		and the sal	2 63	1			
			84	City		FL 85	Zip Code
office or re	egistered agent, or both, in the State	of Florida. Such change was au	thorized b	v the core	corporation submits this statement for the poration's board of directors. I hereby accept	urpose of changing	ng its registered It as registered
-	m familiar with, and accept the oblig-	ations or, section 607.0505, Elbr	ioa Statute	9			Ï
SIGNATURE.	Signature, typied or printed name of registered age		Registered	ent signature	required when reinstating)	DATE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	TORS IN 12
THLE	P	☐ DELETE	1.1 TITLE			☐ Char	nge 🔲 Addition
NAME	ROSENTHAL, RANDY		1.2 NAME				
STREET ADDRESS	1024 LINCOLN RD.		1.3 STREE	T ADDRESS			
CITY - ST - ZIP	MIAMI BEACH FL 33139	Decree	1.4 CITY	ST-ZIP		1760	1 1440
TITLE		[_] DELETE	21 TITLE			Chan	nge L. Addition
NAME.			22 NAME				
STREET ADDRESS			J	T ADDRESS			
CITY-S1-7/P TITLE		DELETE	2.4 CITY	-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Char	nge Addition
I NAME		- O	3.2 NAME				THE THE PERSON NAMED IN
STREET ADDRESS			1	T ADDRESS	·		
CITY-ST-ZIP			3.4. CITY				
TITLE		DELETE	4.1 TITLE	21 21		Chan	nge 🔲 Addition
NAME			4. 2 NAM	£			
SINEET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-7#			4.4 CITY	ST-ZIP			·
THLE		☐ DELETE	5.1 TITLE			Char	nge 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREE	t address			•
CITY - ST - ZIF		Doctor	5.4 CITY			T T ALL	T Addition
TITLE		· DELETE	6.1 TITLE			Char	nge
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS		:	,
City-St-Zip			6.4 CiTY	ST-ZIP			

I do 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 12 thanger or og amattachment with an address.