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# Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **V12343** **(2)**

1. Corporation Name
**S SQUARED PRODUCTIONS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 1425<br>MELROSE FL 32666 | P.O. BOX 1425<br>MELROSE FL 32666-1425 |

| | |
|---|---|
| 2. Principal Place of Business<br>21 1331 Red Cedar Circle | 2a. Mailing Address<br>26 1331 Red Cedar Circle |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 Ft. Collins, Colorado | City & State<br>28 Ft. Collins, Colorado |
| Zip / Country<br>24 80524 / 25 USA | Zip / Country<br>29 80524 / 30 USA |

| | |
|---|---|
| 3. Date Incorporated or Qualified<br>02/01/1992 | 3a. Date of Last Report<br>05/22/1996 |
| 4. FEI Number<br>59-3111798 | ☐ Applied For<br>☐ 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 | 10. Name and Address of New Registered Agent |
|---|---|
| SIMPSON, DALE G.<br>ROUTE 2 BOX 264<br>HAWTHORNE FL 32640 | 81 Name: Tracy J. Robin, Esq.<br>82 Street Address (P.O. Box Number is Not Acceptable): 100 S. Ashley Drive, Suite 1500<br>83<br>84 City: Tampa FL 85 Zip Code: 33602 |

11. Pursuant to the provisions of Sections 607.0505 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: James Robin TRACY ROBIN DATE: 4-17-97
Signature, typed or printed name of individual and title if applicable (Note: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | DP | ☐ DELETE | 1.1 TITLE | DP | ☒ Change ☐ Addition |
| NAME | SIMPSON, DALE G. | | 1.2 NAME | McCaffrey, Maureen T. | |
| STREET ADDRESS | ROUTE 2 BOX 264 N/A | | 1.3 STREET ADDRESS | 1331 Red Cedar Circle | |
| CITY-ST-ZIP | HAWTHORNE FL | | 1.4 CITY-ST-ZIP | Ft. Collins, Colorado 30524 | |
| TITLE | DT | ☐ DELETE | 2.1 TITLE | VP | ☒ Change ☐ Addition |
| NAME | SIMPSON, SUSAN S. | | 2.2 NAME | Fales, Steven | |
| STREET ADDRESS | ROUTE 2 BOX 264 N/A | | 2.3 STREET ADDRESS | 6011 Rodman Street, 3rd Floor | |
| CITY-ST-ZIP | HAWTHORNE FL | | 2.4 CITY-ST-ZIP | Hollywood, Florida 33023 | |
| TITLE | VP | ☐ DELETE | 3.1 TITLE | D.S. | ☒ Change ☐ Addition |
| NAME | GREG STRAYER, | | 3.2 NAME | Sclafani, Eileen | |
| STREET ADDRESS | 703 WILLOW BROOK COURT | | 3.3 STREET ADDRESS | 790 Mancill Road | |
| CITY-ST-ZIP | LUTZ FL 33549 | | 3.4 CITY-ST-ZIP | Wayne, PA 19087 | |
| TITLE | S | ☐ DELETE | 4.1 TITLE | T. | ☒ Change ☐ Addition |
| NAME | DEBBIE STRAYER, | | 4.2 NAME | Sclafani, S. Christopher | |
| STREET ADDRESS | 703 WILLOW BROOK COURT | | 4.3 STREET ADDRESS | 790 Mancill Road | |
| CITY-ST-ZIP | LUTZ FL 33549 | | 4.4 CITY-ST-ZIP | Wayne, PA 19087 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

14. 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 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] President 4/17/97 770-493-3793