

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90085 033 \*\*\*150.00

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DOCUMENT # **V12343**

1. Corporation Name

**S SQUARED PRODUCTIONS, INC.**

Principal Place of Business

**1331 RED CEDAR CIRCLE  
FT COLLINS CO 80524  
US**

Mailing Address

**1331 RED CEDAR CIRCLE  
FT COLLINS CO 80524  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/01/1992**

4. FEI Number

**59-3111798**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

Country

**24**

**25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

**ROBIN, TRACY J ESQ  
100 S ASHLEY DR, STE 1500  
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 607.0502 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MCCAFFREY, MAUREEN T	
STREET ADDRESS	1331 RED CEDAR CIRCLE	
CITY-ST-ZIP	FT COLLINS CO	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FALES, STEVEN	
STREET ADDRESS	6011 RODMAN ST, 3RD FLOOR	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SCLAFANI, EILEEN	
STREET ADDRESS	790 MANCILL RD	
CITY-ST-ZIP	WAYNE PA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCLAFANI, S C	
STREET ADDRESS	790 MANCILL RD	
CITY-ST-ZIP	WAYNE PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>JOAN M. MCCAFFREY</b>
1.3 STREET ADDRESS	<b>962 RICHMOND ST. #3</b>
1.4 CITY-ST-ZIP	<b>FT. COLLINS, CO 80526</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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, with all other like empowered.

SIGNATURE: *Maureen McCaffrey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 970-493-3793  
Date Daytime Phone #

CR2E034 (11/98)