

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

FILED

Mar 10 1997 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V21447** (0)

1. Corporation Name  
**BASE-2 PRODUCTIONS, INC.**

Principal Place of Business  
**12678 HEADWATER CIRCLE  
WELLINGTON FL 33414**

Mailing Address  
**12678 HEADWATER CIRCLE  
WELLINGTON FL 33414-4908**



3. Date Incorporated or Qualified **03/16/1992** 3a. Date of Last Report **10/08/1996**

2. Principal Place of Business  
21 **4807 VIA PALMLAKE**  
Suite, Apt. #, etc.  
22 **APT # 1508**  
City & State

2a. Mailing Address **SAME**  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip

4. FEI Number **65-0318875** 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

24 Zip **33417** 25 Country **USA**

29 Zip **33417** 30 Country **USA**

9. Name and Address of Current Registered Agent

**BOYD, GREGORY A  
12678 HEADWATER CIRCLE  
WELLINGTON FL 33414**

10. Name and Address of New Registered Agent

81 Name **BOYD, GREGORY A.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4807 VIA PALM LAKE**  
83 **# 1508**  
84 City **WPB** 85 Zip Code **FL 33417**

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 *Gregory A. Boyd*  
Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/1/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>PSTD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BOYD, GREGORY A.</b>	<input checked="" type="checkbox"/> MODIFY ADDR.
STREET ADDRESS	<b>12678 HEADWATER CIRCLE</b>	
CITY - ST - ZIP	<b>WELLINGTON FL 33414</b>	
TITLE	<b>PSTD</b>	<input type="checkbox"/> DELETE
NAME	<b>BOYD, GREGORY A.</b>	
STREET ADDRESS	<b>4807 VIA PALM LAKE, #1508</b>	
CITY - ST - ZIP	<b>WPB, FL 33414</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	

**3/10/97**  
**300002109453**  
**-03/11/97--01026--006**  
**\*\*\*165.00**

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: *Gregory A. Boyd*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/1/97** **561 790 0708**  
Date Daytime Phone #

CR2E034 (9/96)