SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** (8)ZOLTAN PRODUCTIONS, INC. Principa' Place of Business Mailing Address 21001 CORAL SEA ROAD 21001 CORAL SEA ROAD CUTLER RIDGE FL 33189 **CUTLER RIDGE FL 33189** US 3. Date Incorporated or Qualified 3a. Date of Last Report 04/01/1992 09/27/1995 2. Principal Place of Business Star 2a. Mailing Address 4, FEI Number Applied For 9414 SW 65-0327614 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BRICK MATHE, ERICK L MATINE 20820 CORAL SEA ROAD 82 Street Address **CUTLER RIDGE FL 33189** 83 City MIAMI 84 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typest or production electrogeners agent in little day picable Holle to 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE THILE LITTLE CK MATHE MATHE ERICK L NAME 1.2 NAME 114 54 20820 CORAL SEA RD. STREET ADDRESS 13 STREET ADDRESS **CUTLER RIDGE FL 33189** CHTY - ST - ZIP 1.4 C-TY - ST - ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHTY-ST-7IP 2 4 CITY - ST-ZIP TITLE DELETE 3 1 [I][[F Change Addition NAME 3.2 NAM5 STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 C(TY-ST-7)P DELETE THILE 4.1 TILLE ☐ Change ☐ Addition NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 44 CITY - ST ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 City - St - ZiE DELETE THILE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Ido hereby certify that the information supplied with this filling is volur tarry furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 arrive officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and

ant with an address

SIGNATURE:

that my name appears in Bi

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/96

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