# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 AM 5:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995 S.1-95 B.16417

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

DOCUMENT # V27928 (3)

1. Corporation Name

AMERICAN MARKETING PRODUCTIONS INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1545 D FOREST LAKE CIRCLE<br>WEST PALM BEACH FL 33406 | 1545 D FOREST LAKE CIRCLE<br>WEST PALM BEACH FL 33406 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1992
3a. Date of Last Report: 10/05/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: 65-0331180 ☐ 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

9. Name and Address of Current Registered Agent

ROSETTI, JIM
1545 D FOREST LAKE CIRCLE
WEST PALM BEACH FL 33406

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 607.0501 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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 1 TITLE | ☐ Change ☐ Addition |
| NAME | ROSETTI, JIM | 1 NAME | |
| STREET ADDRESS | 1545 D FOREST LAKE CIR. | 1 STREET ADDRESS | |
| CITY ST ZIP | WEST PALM BEACH FL | 1 CITY ST ZIP | |
| TITLE | V | 2 TITLE | ☐ Change ☐ Addition |
| NAME | CLARKE, JOHN | 2 NAME | |
| STREET ADDRESS | 1545 D FOREST LAKE CIR. | 2 STREET ADDRESS | |
| CITY ST ZIP | WEST PALM BEACH FL | 2 CITY ST ZIP | |
| TITLE | | 3 TITLE | ☐ Change ☐ Addition |
| NAME | | 3 NAME | |
| STREET ADDRESS | | 3 STREET ADDRESS | |
| CITY ST ZIP | | 3 CITY ST ZIP | |
| TITLE | | 4 TITLE | ☐ Change ☐ Addition |
| NAME | | 4 NAME | |
| STREET ADDRESS | | 4 STREET ADDRESS | |
| CITY ST ZIP | | 4 CITY ST ZIP | |
| TITLE | | 5 TITLE | ☐ Change ☐ Addition |
| NAME | | 5 NAME | |
| STREET ADDRESS | | 5 STREET ADDRESS | |
| CITY ST ZIP | | 5 CITY ST ZIP | |
| TITLE | | 6 TITLE | ☐ Change ☐ Addition |
| NAME | | 6 NAME | |
| STREET ADDRESS | | 6 STREET ADDRESS | |
| CITY ST ZIP | | 6 CITY ST ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an X.

SIGNATURE: James Rosetti 4/22/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04/95/P FP