SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 9:22

DOCUMENT # **V33860** **(0)**

1. Corporation Name

DREAM BIG PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
1800 SO HARBOR CITY BLVD STE 328 MELBOURNE FL 32901 US	3228 LEGENDARY LN MELBOURNE FL 32935 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1992	3a. Date of Last Report: 07/19/1994
4. FEI Number: 59-3126653	☐ 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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RAMIREZ, RAYMOND J. 3228 LEGENDARY LN MELBOURNE FL 32935	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 _____ DATE
Signature, typed or printed name of registered agent 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	11 TITLE		☐ Change ☐ Addition
NAME	RAMIREZ, RAYMOND J.	12 NAME		
STREET ADDRESS	3228 LEGENDARY LN	13 STREET ADDRESS		
CITY ST ZIP	MELBOURNE FL	14 CITY ST ZIP		
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	MAHONEY, RENAE J	22 NAME		
STREET ADDRESS	1971 TALLOAK RD	23 STREET ADDRESS		
CITY ST ZIP	MELBOURNE FL	24 CITY ST ZIP		
TITLE	T	31 TITLE	T	☒ Change ☐ Addition
NAME	PENNINGTON, CARL E.	32 NAME	Pennington, Carl E.	
STREET ADDRESS	~~3692 DOGWOOD COURT~~	33 STREET ADDRESS	2628 Lowell Circle	
CITY ST ZIP	~~MELBOURNE FL~~	34 CITY ST ZIP	Melbourne, FL 32935	
TITLE	~~VP~~	41 TITLE		☐ Change ☐ Addition
NAME	~~RAMIREZ, RONALD J.~~	42 NAME		
STREET ADDRESS	~~3692 DOGWOOD COURT~~	43 STREET ADDRESS		
CITY ST ZIP	~~MELBOURNE FL~~	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	RAMIREZ, RAYMOND SR.	52 NAME		
STREET ADDRESS	3228 LEGENDARY LANE	53 STREET ADDRESS		
CITY ST ZIP	MELBOURNE FL	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	RAMIREZ, MARIE	62 NAME		
STREET ADDRESS	3228 LEGENDARY LANE	63 STREET ADDRESS		
CITY ST ZIP	MELBOURNE FL	64 CITY ST ZIP		

CR2E034 (3/95)

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 if changed, or on an attachment with an address.

SIGNATURE: Raymond J. Ramirez Raymond J. Ramirez 6/14/95 (407)254-8625
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0136945 FP