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

APPROVED AND FILED
95 JUL -5 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V36284** **(0)**

1. Corporation Name
DREAMAKERS PRODUCTIONS INC.

Principal Place of Business	Mailing Address
6398-3 BLDG. 12 BAY CLUB DR. FT. LAUDERDALE FL 33308	11035 BAYBREAZE WAY BOCA RATON FL 33428 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/13/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 **11035 BAY BREEZE WAY**
Suite, Apt. #, etc. 22
City & State 23 **BOCA RATON, Florida**
Zip 24 **33428** County 25 **PALM BEACH**

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 County 30

4. FEI Number: **65-0332917** ☐ 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 subsidiaries, as defined in s. 180.0202, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

LAMPASONA, PETER
11035 BAYBREAZE WAY
BAY CLUB DR.
BOCA RATON FL 33428

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 (Typed or printed name of Registered Agent and Title if applicable) (All Registered Agents must sign this statement) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, DELETIONS	
TITLE	PSTD	11 TITLE	☐ Change ☐ Addition
NAME	LAMPASONA, PETER	12 NAME	
STREET ADDRESS	11035 BAYBREAZE WAY	13 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I (We) 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 attached sheet, with my address.

SIGNATURE: Peter Lampasona **PETER LAMPASONA** 6/31/95 407 477 9977
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

0086078 CP