FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **V46553** **(6)**

1. Corporation Name
LAZMAC PRODUCTIONS, INC.

Principal Place of Business
~~2227 MCRAE AVE~~
ORLANDO FL 32803

Mailing Address
~~2227 MCRAE AVE~~
ORLANDO FL 32803

3. Date Incorporated or Qualified: 06/23/1992
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3127972 ☐ 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

2. Principal Place of Business
21 70 W ROBINSON
Suite, Apt. #, etc.
22
City & State
23 ORLANDO, FL
Zip
24 32801
Country
25

2a. Mailing Address
26 70 W ROBINSON
Suite, Apt. #, etc.
27
City & State
28 ORLANDO, FL
Zip
29 32801
Country
30

9. Name and Address of Current Registered Agent
LAZORITZ, ROSE
~~2227 MCRAE AVENUE~~
ORLANDO FL 32803

10. Name and Address of New Registered Agent
81 Name: LAZORITZ, ROSE
82 Street Address (P.O. Box Number is Not Acceptable): 70 W ROBINSON
83
84 City: ORLANDO FL 85 Zip Code: 32801

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 [signature] Registered Agent — DATE 4/30/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MCFADDIN, JOHN W		1.2 NAME	
STREET ADDRESS	1006 ELMWOOD		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LAZORITZ, ROSE		2.2 NAME	
STREET ADDRESS	625 E. RIDGEWOOD ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 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-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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)(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 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: [signature] Secretary Treas 4/30/96 407 872-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)