

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90114 002 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris <i>Secretary of State</i> DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # V46880

1. Corporation Name
CRAZY PRODUCTIONS CORP.

| | |
|--|--|
| Principal Place of Business 10862 NW 27TH STREET MIAMI FL 33172 US | Mailing Address 10862 NW 27TH STREET MIAMI FL 33172 US |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|----------------------------------|--|---|--|
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 | | 3. Date Incorporated or Qualified 06/30/1992 | |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | | 4. FEI Number 65-0424737 | |
| City & State 23 | | City & State 28 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 24 | | Zip 29 | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country 25 | | Country 30 | | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent BIGIO, MARIA M. 750 SW 174 TERRACE PEMBROKE PINES FL 33029 | | | | 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

Signature, typed or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|---|
| TITLE | PTD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCORT, DIEGO A | 1.2 NAME | |
| STREET ADDRESS | 750 S.W. 174TH TERRACE | 1.3 STREET ADDRESS | |
| CITY-STATE-ZIP | PEMBROKE PINES FL | 1.4 CITY-STATE-ZIP | |
| TITLE | SVD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BIGIO, MARIA M | 2.2 NAME | |
| STREET ADDRESS | 750 S.W. 174TH TERRACE | 2.3 STREET ADDRESS | |
| CITY-STATE-ZIP | PEMBROKE PINES FL | 2.4 CITY-STATE-ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 3.4 CITY-STATE-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 4.4 CITY-STATE-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 5.4 CITY-STATE-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 6.4 CITY-STATE-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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, with all other like empowered.

SIGNATURE:

MARIA M. BIGIO

04-23-99 (305)4637800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2EN34 (11/98)