SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Jul 31 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # (9) ROSEBUD PRODUCTIONS, INC. Principal Place of Business Mailing Address 40 SE 5TH ST 40 SE 5TH ST SUITE 600 SUITE 600 **BOCA RATON FL 33432 BOCA RATON FL 33432** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 06/30/1992 04/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0344580 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Allan M. Lerner - FILINGS, INC. -3732-NW-16TH-CT-Street Address (P.O. Box Number is Not Acceptable)
2888 East Oakland Park Boulevard 82 FT LAUDERDALE FL 83311 83 84 Tort Lauderdale 85 Z3 \$306 of Sections 607,0502 and 607, 1996, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered for both, in the State of Florida, such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered and accept the obligations of Section 607,0505, Florida Statutes. 11. Pursuant to the office or registered agent ঠিও SIGNATURE or printed name of registered agent a (NOTE: Rog stored Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 100 6 BARRY, JAMES A JR 1.2 NAME NAME 40 SE 5TH AVE SUITE 600 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** 1.4 CHY-ST-ZIP CITY-ST-ZIF DELETE 2.1 TITLE Change ☐ Addilion BARRY, JAMES M 2.2 NAME NAME 40 SE 5TH AVE SUITE 600 STREET ADORESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELFTE TITLE 3.1 TITLE Change Addition Davidson, Dan-NAME 3.2 NAME 40 SE 5TH ST. STE 800 STREET ADDRESS 33 STREET ADDRESS BOCA RATON-FL-CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE Change Addition TITEF 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - 7(P CITY-ST-ZIP ☐ DELETE 61 TITLE Change Addition THILF NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 City - ST - ZIP 14. I do 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 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 charged, or on an attachment with an address.

FILED

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