## 4-1-11 13-3826 NC FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V56362

(9)

MICHAEL MANN PRODUCTIONS, INC.

FILED
Apr 01 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address  1320 E. 8TH AVE. SUITE 5 TAMPA FL 33605  Mailing Address  1320 E. 8TH AVE. SUITE 5 TAMPA FL 33605-3508					· · · · · · · · · · · · · · · · · · ·	3. Date incorporated or Qualified			
. Principal P	lace of Business	2a. Mailin	g Address			08/05/1992 4. FEI Number	U4/(		Applied For
]		26		T		59-3150418		<del></del>	lot Applicable
Suite, Apt	#, etc	Suite, <b>27</b>	Apt. #, etc.			5. Certificate of Status Desired			Additional Regulred
City & State	e	City &	State			6. Election Campaign Financing			May Be
Z <sub>ID</sub>	Country	28 Zip	,	Country		Trust Fund Contribution			I to Fees
	25	29		30	y	<ol> <li>This corporation has liability for Florida Statutes</li> </ol>	or intangible ☐ Yes ☐		s. 199.032,
4	9. Name and Address of Cu		gent	1001		10. Name and Address of New F			
MANN, MICHAEL 1320 E. 8TH AVE. SUITE 5 TAMPA FL 33605				82 83		dress (P.O. Box Number is Not Accept	able)	<b>85</b> Zip	Code
1. Pursuant office or ragent   a	to the provisions of Sections 607, egistered agent, or both, in the S im familiar with, and accept the of	.0502 and 607.1508 State of Florida Suc bligations of, Sectio	8, Florida Stati h change was on 607.0505, F	utes, the above authorized be lorida Statute	re-named cor y the corpora s.	poration submits this statement for the ation's board of directors. I hereby acc	purpose of cept the app		its registered s registered
SIGNATURE									
	Signature, typed or prifled name of registerer		ble (NC		ent signature requ	pired when reinstating)	DATE	DIDECTO	DC IN 40
2.	OFFICERS	d agent and title of applical		13.	ent signature requ	olfed when reinstating) ADDITIONS/CHANGES TO OFF			
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i. 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/97 813-2476692

rrie r-none #

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