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 # **V62854** **(7)**

1. Corporation Name

SUZANNE LASKY PRODUCTIONS, INC.

Principal Place of Business

C/O SUZANNE LASKY
1995 NE 15TH ST STE A
N MIAMI FL 33181
US

Mailing Address

C/O SUZANNE LASKY
1995 NE 150TH ST
N MIAMI FL 33181
US

3. Date Incorporated or Qualified: **09/10/1992**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0358645** ☐ 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 Suite, Apt. #, etc.
22 City & State
23 Zip 24 County 25

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

9. Name and Address of Current Registered Agent

LASKY, SUZANNE
2000 TOWERSIDE TERR.
#1108
MIAMI FL 33138

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 Section 607.0505(2), F.S., 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LASKY, SUZANNE
STREET ADDRESS	2000 TOWERSIDE TERR.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	JENNINGS, LEE
STREET ADDRESS	2658 NE 135TH ST
CITY-ST-ZIP	N MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

☐ DELETE ☐ DELETE ☐ DELETE ☐ DELETE ☐ DELETE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, if applicable, or on an attachment with an address.

SIGNATURE: _____ 4/3/96 (305)948-5388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

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