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PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V62854

SUZANNE LASKY PRODUCTIONS, INC.

(7)

FILED Feb 10 1997 8:00am Secretary of State

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Principal Place of Business C/O SUZANNE LASKY 1995 NE 15TH ST STE A N MIAM! FL 33181		Mailing Address C/O SUZANNE LASKY 1995 NE 150TH ST N MIAMI FL 33181-1120					
US		US			3. Date Incorporated or Qualified 09/10/1992	3a. Date of Las 04/06/199	
2. Principal P	lace of Business	28. Mailing Address			4. FEJ Number 65-0358645		Applied For Not Applicable
Suite, Apl. #, etc.		Suite, Apt. #. etc.		5. Certificate of Status Desired	11 7.	5 Additionat	
City & State		27		6. Election Campaign Financing	Fee	Required May Be	
23		28			Trust Fund Contribution		ed to Fees
Zip 24	Country 25	7ip 29	Country 30		8. This corporation has liability for a Florida Statutes	ntangible tax unde] Yes - No	r s. 199.032
	9. Name and Address of Current	Registered Agent		7	10. Name and Address of New Re	gistered Agent	
LASKY, SUZANNE 2000 TOWERSIDE TERR.			81	Name ————	7-1000000000000000000000000000000000000		
#1108			82 Street Add		ress (P.O. Box Number is Not Acceptab	le)	
MIAMI FL 33138			83		<u> </u>		
			84	City		FL 85 Z	rp Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes	s, the above	-named corp	poration submits this statement for the pation's board of directors. Thereby acception		g its registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flor	ida Statutos		norts board or directors; thereby acces	и ше арропичен	as registered
SIGNATURE	Signature, typed or printed nurse of registered agent	and title it applicable (NOH)	Registeren Age	nt signature requi	red where reinstating)	[)A1;	
12.	OFFICERS AND	****	13.		ADDITIONS/CHANGES TO OFFIC	CONTRACTOR OF THE PARTY OF THE	
THTLE	D Lasky, Suzanne	DELETE	1.1 TILLE			☐ Chang	e
NAME Street address	2000 TOWERSIDE TERR.		1.2 NAME 1.3 STREET	ADORECE			
CITY-ST-ZIP	MIAMI FL		1,4 CiTy - S				
TITLE	D	DILEIE	211111			Chang	e 🔲 Addition
NAME	JENNINGS, LEE		2.2 NAME				
STREET ADDRESS	2658 NE 135TH ST		2.3 \$TREFT	ADDRESS			
CITY-ST-ZIP	N MIAMI FL	··· · · · · · · · · · · · · · · · · ·	2.4 CHY - S	1 · 20P			
TITLE NAME		DELETE	3.1 Till(E			L Chang	e 🔲 Addition
STREET ADDRESS			3.2 NAME 3.3 STREET	ADDDECD			
CITY-ST-ZIP			3.3 STREET				
TITLE		DELETE	4 1 HILE	1.21		Chang	e Addition
NAME			4 2 NAME				_
STREET ADDRESS			4 3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CHY-S	- 7rF			
TITLE		□ DELETE	5.1 TITLE			☐ Chang	e Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			1
CITY-ST-ZIP			5.4 CITY - S	- ZIF			
TITLE		☐ DETFIE	6.1 TITLE			Chang	e L Addition
NAME ATOMET ADDRESS			6.2 NAME				
STREET ADDRESS			6.3 STREET				
CITY-ST-ZIP			6.4 C(1)Y - S	- ZIP	The second secon		

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 eath; 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 ghanged, you an attachment with an address.

Aldly 1200 948-5388