

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V63516** (1)

1. Corporation Name

FRONT ROW PRODUCTIONS, INC.



Principal Place of Business

**721 U.S. HIGHWAY ONE
SUITE 113
NORTH PALM BEACH FL 33408**

Mailing Address

**721 U.S. HIGHWAY ONE
SUITE 113
NORTH PALM BEACH FL 33408**

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**CLARK, RICHARD E.
721 U.S. HIGHWAY ONE
SUITE 113
NORTH PALM BEACH FL 33408**

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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Officer or Director)

(Signature of Agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P MARKS, SUSAN**
STREET ADDRESS **772 LAKESIDE DR.**
CITY-STATE-ZIP **N. PALM BEACH FL**

TITLE ☐ DELETE
NAME **GOMON, MURIEL A.**
STREET ADDRESS **108 LAKE SHORE DR.#1438**
CITY-STATE-ZIP **N. PALM BEACH FL**

TITLE ☐ DELETE
NAME **V CHAMBERS, DARRELL**
STREET ADDRESS **416 4TH LANE**
CITY-STATE-ZIP **PALM BCH GARDENS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), 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:

Susan Marks, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96 6228687
DATE AND FILING NUMBER

CR2E034 (12/95)