FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Block 12 or Block 13 if changed, or on an attachment with an address.

FILED PROFIT Apr 15 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V65942 ANGLIN' USA PRODUCTIONS, INC. Mailing Address Principal Place of Business 3625 DEL PRADO BLVD 3625 DEL PRADO BLVD. CAPE CORAL FL 33904 CAPE CORAL FL 33904 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/23/1992 2. Principal Place of Business Applied For 2a. Mailing Address Not Applicable 65-0361108 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Country $Z_{\rm IP}$ 8. This corporation owes or has paid the current year Intangible Zip Personal Property Tax due June 30. Yes □ No 30 24 25 29 Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name TUZEE, JOHN F 3625 DEL PRADO BLVD. Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33904 83 84 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typod or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE TITLE TUZEE, JOHN F. 1.2 NAME NAME 3625 DEL PRADO BLVD. 1.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition ☐ Change DELETE 2.1 TITLE TITLE NAME AYLSWORTH, JACK 2.2 NAME 3625 DEL PRADO BLVD. 2.3 STREET ADORESS STREET ADDRESS CAPE CORAL FL 2. 4 CITY - ST- ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE SHAHINIAN, RENEE 3.2 NAME NAME 1735 CANTERBURY DR STREET ADDRESS 3.3 STREET ADDRESS INDIATLANTIC FL 3.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 41 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - 21P CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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

4/6/98

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