FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

DOCUMENT # V66497 (1)

TRIPLE-N PRODUCTIONS, INC.

APPROVED AND FILED

95 MAY 10 PM 10: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

412 WILDERNESS DR
LONGWOOD FL 32779

Mailing Address:
PO BOX 915992
LONGWOOD FL 32791
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/1992
3a. Date of Last Report: 02/21/1994

2. Principal Office Address: 21 138 Margo Lane
2a. Mailing Address: 26
22 Suite, Apt #, etc.:
27
23 City & State: Longwood, FL
28
24 Zip: 32750 25 Country: USA
29 30

4. FEI Number: 59-3139051 ☐ 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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	DAVIS, KENNETH A	NAME	
STREET ADDRESS	234 SHADY OAKS CIR	STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	CITY-ST-ZIP	
TITLE	D	TITLE	☑ Change ☐ Addition — D
NAME	DEROSA, ROBERT A	NAME	DeRosa, Robert A.
STREET ADDRESS	670 JAMESTOWN BLVD, APT 2316	STREET ADDRESS	138 Margo Lane
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	CITY-ST-ZIP	Longwood, FL 32750
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	PIECORA, GREG J	NAME	
STREET ADDRESS	460 LAKE BRIDGE LN, APT 1112	STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and 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: Robert A. DeRosa 4/28/95 407-332-6479

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0061819 CP