

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V69634

1. Corporation Name

BREAK THROUGH PRODUCTIONS, Inc.

Principal Place of Business

6706 BENJAMIN ROAD/300
TAMPA, FL 33634

Mailing Address

6706 BENJAMIN ROAD/300
TAMPA, FL 33634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1992

4. FEI Number

59-3150243

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SMITTY, SMITH
3802 EARLICH RD
Suite 210
TAMPA, FL 33624

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 607.1506, 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

(Signature) _____

(Typed Name of Registered Agent) _____

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D PRICE, STEVE
10427 ORANGE GROVE DRIVE
TAMPA, FL 33618

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

15 TITLE 16 NAME 17 STREET ADDRESS 18 CITY-ST-ZIP

19 TITLE 20 NAME 21 STREET ADDRESS 22 CITY-ST-ZIP

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131 TITLE 132 NAME 133 STREET ADDRESS 134 CITY-ST-ZIP

135 TITLE 136 NAME 137 STREET ADDRESS 138 CITY-ST-ZIP

139 TITLE 140 NAME 141 STREET ADDRESS 142 CITY-ST-ZIP

143 TITLE 144 NAME 145 STREET ADDRESS 146 CITY-ST-ZIP

147 TITLE 148 NAME 149 STREET ADDRESS 150 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. dent 4/24/98 (813) 881-1630

CR2E034 (10/97)