

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004115

Entity Name: SAFARI TODD WILDLIFE PRODUCTIONS, INC.**Current Principal Place of Business:**26205 E. COLONIAL DRIVE
CHRISTMAS, FL 32709**Current Mailing Address:**4983 BROOK ROAD
KISSIMMEE, FL 34758**FEI Number:** 03-0448912**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAWKSWORTH, LYNNE
4983 BROOK ROAD
KISSIMMEE, FL 34758 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DT
Name	HAWKSWORTH, LYNNE
Address	4983 BROOK ROAD
City-State-Zip:	KISSIMMEE FL 34758

Title	VP
Name	KAGAN, JACOB
Address	455 TIMBER RIDGE DR
City-State-Zip:	LONGWOOD FL 32779

Title	D
Name	CISNEROS, SARRAH N
Address	13210 MOSSHOLLOW CT
City-State-Zip:	ORLANDO FL 32826

Title	PS
Name	LASHBROOK, RAMONA
Address	1105 OLD DIXIE HWY
City-State-Zip:	TITUSVILLE FL 32796

Title	C
Name	DREVER, DAWN
Address	1617 KEMBERLTY AVE
City-State-Zip:	TITUSVILLE FL 32796

Title	C
Name	OLANDESE, MICHELLE
Address	1826 CORNERVIEW LANE
City-State-Zip:	ORLANDO FL 32820

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LYNNE HAWKSWORTH

DT

02/12/2015

Electronic Signature of Signing Officer/Director Detail_____
Date