



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # N02000004115 1. Entity Name SAFARI TODD WILDLIFE PRODUCTIONS, INC.	
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Principal Place of Business 26205 E. COLONIAL DRIVE CHRISTMAS, FL 32709	Mailing Address 4983 BROOK ROAD KISSIMMEE, FL 34758
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DO NOT WRITE IN THIS SPACE



04082008 No Chg-NP CR2E037 (4/06)

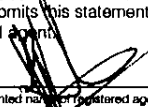
4. FEI Number 03-0448912	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HAWKSWORTH, ALAN
4983 BROOK ROAD
KISSIMMEE, FL 34758**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) **4/8/08** DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

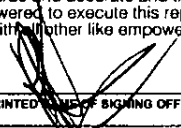
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAWKSWORTH, ALAN 4983 BROOK ROAD KISSIMMEE, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HAWKSWORTH, LYNNE 4983 BROOK ROAD KISSIMMEE, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DREVER, DAWN 461 AMERICANA BLVD N W PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DREVER, DAWN 461 AMERICANA BLVD NW PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U000000892790
04/23/08-80079-021 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:  **4/8/08** DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR