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PROFIT
CORPORATION
ANNUAL REPORT
1999

DOCUMENT # V18188



FLORIDA DEPARTMENT OF STATE

Katherine Harris³

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90024 033 ***150.00

Corporation Name							
BLUE RIDGE PRODUCTIONS	INC						
945 N. PASADENA SUITE #160							
MESA ARIXONA185201	11 11 100						
Principal Place of Business	Mailing Address	-		_		•	
•	•						
945 N. PASADENA	945 N. PASA	DENA					
SUITE #160	SUITE #160			DO NOT WRITE IN THIS	SPACE		
MESA AZ 85201				3. Date Incorporated or Qualifed			
2. Drivering Class of Business	2n Mailine Address			03/03/92 4. FEI Number		plied For	
2. Principal Place of Business	2a. Mailing Address						
21	26			NOT APPLICABLE		t Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	,	Additional	
22	27				Fee Ke	equired	
City & State	City & State			6. Election Campaign Financing	\$5:00	мау ве	~
23	28	_		Trust Fund Contribution	Added	to Fees	
Zip Country	Zip	Count	ry	8. This corporation owes the current year In	tangible		
24 25	29	30		Personal Property Tax.	☐ Yes	[XNo	
9. Name and Address of Current				10. Name and Address of New Registered	Agent		
		8	1 Name	······································			
MARK C. OLSEN ESQ.		L					
MORGAN, OLSEN & OLSEN P.	, A .	8	2 Street Addi	ress (P.O. Box Number is Not Acceptable)			
314 N.E. THIRD AVE		-					
FT. LAUDERDALE FL 3330	١1	8	3				
FI. DAODERDADE FE 3330	, ,	la la	4 City		85 Zip (Code	Ţ
			- Only	FL	_		5
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the abo	ve-named corp	poration submits this statement for the purpose of	changing its	registered	
office or registered agent, or both, in the State of	of Florida. Such change was aut	thorized b	y the corporation	on's board of directors. I hereby accept the appo	intment as re	gistered	
agent. I am familiar with, and accept the obligati	ions of, Section 607,0505, Florid	aa Statute	15.				
SIGNATURE Signature, typed or printed name of registered agent	AVOTE: E	Danistana d Ac	ent signature require	ed when reinstating) DATE		i	_
12. OFFICERS AND		13.	ent signatore require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	(11/98)
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indicated on this annual report or supplied with this immig does not duality to the exemption stated in decided in 1950 (30)), Florida Statutes, I make the indicated on this annual report or suppliemental 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, with all other like empowered.

IGENE M. FELKER

SIGNATURE:

7/10/99 602-649-185 Date Daytime Phone #