

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
Secretary of State

APPROVED
AND
FILED

MAY 11 1995 9:01

DOCUMENT # **F94000002547 (7)**

1. Corporation Name
ASGARD FILM FINANCE CO.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **C/O BRADFORD S. LOVETTE
431 SEABREEZE AVENUE
PALM BEACH FL 33480**

Mailing Address: **C/O BRADFORD S. LOVETTE
431 SEABREEZE AVENUE
PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	State, Apt. # etc.	26	State, Apt. # etc.	05/16/1994	
22	City & State	27	City & State	4. FEI Number	Applied For / Not Applicable
23	City & State	28	City & State	65-0487764	
24	City & State	29	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	City & State	30	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LOVETTE, BRADFORD S 431 SEABREEZE AVENUE PALM BEACH FL 33480				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 607.0501 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 607.0501, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	PVSC LOVETTE, BRADFORD S 431 SEABREEZE AVENUE PALM BEACH FL 33480	13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS		13.2 NAME	
12.3 CITY, ST, ZIP		13.3 STREET ADDRESS	
12.4 NAME	T OHIGASHI, IKUYO 431 SEABREEZE AVENUE PALM BEACH FL 33480	13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 STREET ADDRESS		13.5 NAME	
12.6 CITY, ST, ZIP		13.6 STREET ADDRESS	
12.7 NAME	AS DAVIS, SUNNY 431 SEABREEZE AVENUE PALM BEACH FL 33480	13.7 NAME	Delete "Davis, Sunny" as officer
12.8 STREET ADDRESS		13.8 NAME	
12.9 CITY, ST, ZIP		13.9 STREET ADDRESS	
12.10 NAME	AS BLACK, REBECCA 250 ROYAL PALM WAY PALM BEACH FL 33480	13.10 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 STREET ADDRESS		13.11 NAME	
12.12 CITY, ST, ZIP		13.12 STREET ADDRESS	
12.13 NAME		13.13 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS		13.14 NAME	
12.15 CITY, ST, ZIP		13.15 STREET ADDRESS	

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 119.071 (b), Florida Statutes. I further certify that the information and effect 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. I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my true address is Block 1 of Block 1 of the corporation or on an attachment with an address.

SIGNATURE: *Bradford S. Lovette* 5/8/95 (407)833-2201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR