

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L04021** (6)

1. Corporation Name

**ADMIT ONE PRODUCTIONS, INC.**



Principal Place of Business <b>81 EDGEWATER DRIVE SUITE 7 CORAL GABLES FL 33133 US</b>	Mailing Address <b>81 EDGEWATER DRIVE SUITE 7 CORAL GABLES FL 33133 US</b>
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2. Principal Place of Business 21 <b>7116 SW 48th Lane</b> Suite, Apt. #, etc. 22 City & State 23 <b>Miami FL</b> Zip 24 <b>33155</b>	2a. Mailing Address 26 <b>7116 SW 48th Lane</b> Suite, Apt. #, etc. 27 City & State 28 <b>Miami FL</b> Zip 29 <b>33155</b>
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3. Date Incorporated or Qualified <b>07/21/1989</b>	3a. Date of Last Report <b>08/11/1995</b>
4. FEI Number <b>65-0144261</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CARROLL, CHRISTIANA 81 EDGEWATER DRIVE, SPT 7 CORAL GABLES FL 33133</b>	10. Name and Address of New Registered Agent 81 Name <b>CARROLL CHRISTIANA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>7116 SW 48th Lane</b> 83 84 City <b>Miami</b> FL 85 Zip Code <b>33155</b>
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11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when re-instating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARROL, CHRISTIANA M</b>	12 NAME	
STREET ADDRESS	<b>81 EDGEWATER DRIVE, APT 7</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	14 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BECERRA, ROBERT</b>	22 NAME	
STREET ADDRESS	<b>81 EDGEWATER DRIVE, APT 7</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	24 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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, 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  6/11/96 305-661-2747  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)