

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000009172 (5)**

1. Corporation Name  
**ICON STUDIO, INC.**



Principal Place of Business: **7133 BAY DR. APT. 903 MIAMI BEACH FL 33141**  
Mailing Address: **7133 BAY DR. APT. 903 MIAMI BEACH FL 33141**

2. Principal Place of Business: **1426 E. ROCK SPRINGS RD. APT. 3 ATLANTA, GA 30306 U.S.A.**  
2a. Mailing Address: **1426 E. ROCK SPRINGS RD. APT. 3 ATLANTA, GA 30306 U.S.A.**

3. Date Incorporated or Qualified: **02/04/1994**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0472695**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **PARALEGAL SERVICES OF FLORIDA, INC. 4000 NORTH S.R. 7 SUITE 410 LAUDERDALE LAKES FL 33319**  
10. Name and Address of New Registered Agent: **FL 85 Zip Code**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 filer, applicable) \_\_\_\_\_ (Name of Registered Agent, signature required when reinstating) \_\_\_\_\_ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P.D.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIELDS, ADAM B</b>	1.2 NAME	<b>FIELDS, ADAM B.</b>
STREET ADDRESS	<b>7133 BAY DR., APT. 903</b>	1.3 STREET ADDRESS	<b>1426 E. ROCK SPRINGS RD., APT. 3</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	1.4 CITY-ST-ZIP	<b>ATLANTA, FL 30306</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Adam B. Fields* **6/25/96** **404.873.6595**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Dial Tone Prefix)

CR2E034 (12/95)