

**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 1996**



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

**FILED**

97 OCT 29 PM 1:23

**DOCUMENT # P94000046985 (5)**  
1. Corporation Name

**ON-LINE PRODUCTIONS, INC.**



SECRETARY OF STATE

**REINSTATEMENT** *91*

Principal Place of Business	Mailing Address
11720 US 19 NORTH SUITE 15 PORT RICHEY FL 34668 US	11720 US 19 NORTH SUITE 15 PORT RICHEY FL 34668 US

3. Date Incorporated or Qualified <b>06/17/1994</b>	3a. Date of Last Report <b>08/10/1995</b>
4. FEI Number <b>59-3251551</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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	

2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HART, J. DAVID 11720 US 19 NORTH SUITE 15 PORT RICHEY FL 34668		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	SD	1.1 TITLE
NAME	HART, ELANORE H.	1.2 NAME
STREET ADDRESS	11720 US 19 NORTH, SUITE 15	1.3 STREET ADDRESS
CITY-ST-ZIP	PORT RICHEY FL	1.4 CITY-ST-ZIP
TITLE	PD	2.1 TITLE
NAME	HART, J. DAVID	2.2 NAME
STREET ADDRESS	11720 US 19 NORTH, SUITE 15	2.3 STREET ADDRESS
CITY-ST-ZIP	PORT RICHEY FL	2.4 CITY-ST-ZIP
TITLE	TD	3.1 TITLE
NAME	HART, JOHN M.	3.2 NAME
STREET ADDRESS	11720 US 19 NORTH, SUITE 15	3.3 STREET ADDRESS
CITY-ST-ZIP	PORT RICHEY FL	3.4 CITY-ST-ZIP
TITLE		4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

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\*\*\*\*923.75 \*\*\*\*923.75

*10-30-97*

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: *[Signature]* President **10-24-97 (813) 862-2329**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)