

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 19 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000098087 (6)**  
 1. Corporation Name  
**RPM PRODUCTIONS, INC.**



Principal Place of Business <b>2291 WINSLOW CIRCLE CASSELBERRY FL 32707</b>	Mailing Address <b>2291 WINSLOW CIRCLE CASSELBERRY FL 32707-5661</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>12/29/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>APPLIED FOR 59-3380610</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>JORDAN F. CAMNKER</b> <b>202 LOOKOUT PL, STE 110</b> <b>MAITLAND FL 32751</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	<b>FL</b> 85. Zip Code

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-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLANER, STERLING L	1.2 NAME	<b>BRUCE ABBOTT</b>
STREET ADDRESS	23 FULTON PLACE	1.3 STREET ADDRESS	<b>337 DAYTONA AVE</b>
CITY-ST-ZIP	PALM COAST FL 32137	1.4 CITY-ST-ZIP	<b>HOLLY HILL, FL 32117</b>
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'CONNOR, KEVIN	2.2 NAME	<b>MELANIE PAUL</b>
STREET ADDRESS	629 E LIVINGSTON ST.	2.3 STREET ADDRESS	<b>6 PEPPER RD</b>
CITY-ST-ZIP	ORLANDO FL 32803	2.4 CITY-ST-ZIP	<b>TOWACO, NJ 07082</b>
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOTTON, L. THOMAS	3.2 NAME	
STREET ADDRESS	2610 NW 69TH TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL, DOUGLAS	4.2 NAME	
STREET ADDRESS	6 PEPPER RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TOWACO NJ 07082	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOTTON-MIKELL, LINELL	5.2 NAME	
STREET ADDRESS	1820 VIA CONTESSA	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	5.4 CITY-ST-ZIP	
TITLE	STD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLANER, KIM	6.2 NAME	
STREET ADDRESS	2291 WINSLOW CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* **KIM GLANER** **5-1-97** **407-260-8241**

CR2E034 (9/96)