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Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000080416 (6)

1. Corporation Name
ELEPHANT THEATER, INC.



Principal Place of Business: 7256 HAWKSNEST BOULEVARD ORLANDO FL 32835
Mailing Address: 7256 HAWKSNEST BOULEVARD ORLANDO FL 32835-5168

3. Date Incorporated or Qualified: 09/27/1996
3a. Date of Last Report: FIRST one
4. FEI Number: 593402-771
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

2. Principal Place of Business: FLORIDA
2a. Mailing Address: SAME
22. Suite, Apt. #, etc.
23. City & State
24. Zip Country

9. Name and Address of Current Registered Agent
AMERLAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
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 607.0502 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] DATE: [Date]

Table with 12 columns for Officers and Directors. Includes fields for Title, Name, Street Address, City, ST, ZIP. Entry 1: PSTD PELLETIER, GUY, 7256 HAWKSNEST BOULEVARD, ORLANDO FL 32835.

Table with 13 columns for Additions/Changes to Officers and Directors in 12. Includes fields for Title, Name, Street Address, 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 if changed, or on an attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

0099035

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