

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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90032 026 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000019250

1. Corporation Name
CONNECT STUDIOS, INC.



Principal Place of Business
100 NORTH BISCAYNE BOULEVARD
21ST FLOOR - WORLD TOWER
MIAMI FL 33132

Mailing Address
100 NORTH BISCAYNE BOULEVARD
21ST FLOOR - WORLD TOWER
MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip Country
24 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29 30

3. Date Incorporated or Qualified
02/27/1998

4. FEI Number
65-0836894

Applied For
Not Applicable

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
MILLER, REBECCA M
100 NORTH BISCAYNE BOULEVARD
21ST FLOOR - WORLD TOWER
MIAMI FL 33132

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HARDIN, EDWARD	
STREET ADDRESS	100 NORTH BISCAYNE BOULEVARD #5	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LINDEMANN, HANJO	
STREET ADDRESS	100 NORTH BISCAYNE BOULEVARD #5	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANKE, DIRK	
STREET ADDRESS	100 NORTH BISCAYNE BOULEVARD #5	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hardin, Edward	
1.3 STREET ADDRESS	100 N. Biscayne Blvd., 21st Floor	
1.4 CITY-ST-ZIP	Miami, FL 33132	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Franke, Dirk	
3.3 STREET ADDRESS	100 N. Biscayne Blvd., 21st Floor	
3.4 CITY-ST-ZIP	Miami, FL 33132	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dirk Franke, Director

3/30/99 (954) 385-9030

Date Daytime Phone #

CDP/034/11/09A