

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

PROFIT
CORPORATION
ANNUAL REPORT



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

1999

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90012 008 ***150.00

DOCUMENT # 522543

1. Corporation Name
BLUE FILM CORPORATION

Principal Place of Business
18160 COLLINS AVENUE
MIAMI BEACH FL 33160

Mailing Address
18160 COLLINS AVENUE
MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1976

4. FEI Number

59-1730345

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 3149 W. Hallandale Bch. Blvd.

Suite, Apt. #, etc.

27 Hallandale, FL

City & State

28 33009

Country

29

30

9. Name and Address of Current Registered Agent

LABATON, ISAAC
1935 N.E. 193RD STREET
NORTH MIAMI BCH FL 33162

10. Name and Address of New Registered Agent

81 Name Isaac Labaton

82 Street Address (P.O. Box Number is Not Acceptable)

3149 W. Hallandale Beach Blvd.

83 Hallandale, FL

84 City Hallandale

FL

85 Zip Code 33009

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 Isaac Labaton

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LABATON, ISAAC
STREET ADDRESS 1935 N.E. 193RD ST.
CITY-ST-ZIP NORTH MIAMI BCH FL

TITLE VD
NAME LABATON, MICHAEL
STREET ADDRESS 1935 N.E. 193RD ST.
CITY-ST-ZIP NORTH MIAMI BCH FL

TITLE TD
NAME LABATON, SANDY N.
STREET ADDRESS 1935 N.E. 193RD ST.
CITY-ST-ZIP NORTH MIAMI BCH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, VP, Admin
1.2 NAME Shelley Berkowitz
1.3 STREET ADDRESS 1860 NE 199th
1.4 CITY-ST-ZIP N Miami Beach, FL 33179

2.1 TITLE PD
2.2 NAME Isaac Labaton
2.3 STREET ADDRESS 3141 W. Hallandale Beach Blvd.
2.4 CITY-ST-ZIP Hallandale, FL 33009

3.1 TITLE VD
3.2 NAME Michael Labaton
3.3 STREET ADDRESS 1810 NE 193rd
3.4 CITY-ST-ZIP N Miami Beach, FL 33149

4.1 TITLE TD
4.2 NAME Sandy Labaton
4.3 STREET ADDRESS 20001 W. Oak Haven Circle
4.4 CITY-ST-ZIP N Miami Beach, FL 33179

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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: Shelley Berkowitz, D. Admin

Signature and typed or printed name of signing officer or director

4/13/99 954-966-5055

Date

Daytime Phone #

CR2F034 (11/98)

0232549