

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

FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 542525 (1)

1. Corporation Name
AD PRODUCTIONS, INC.

Principal Place of Business

1395 CORAL WAY
MIAMI FL 33145
US

Mailing Address

1395 CORAL WAY
MIAMI FL 33145
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite Apt. #, etc.	25 Suite Apt. #, etc.	08/08/1977
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Country	59-1757879
24	29	Applied For
	30	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 or has paid the current year intangible
		Personal Property Tax due June 30
		Yes No

9. Name and Address of Current Registered Agent

SCHIEFER, MARTIN
1395 CORAL WAY
MIAMI FL 33145

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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE

Martin Schleifer
Signature. You do not print name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	
NAME	SCHLEIFER, MARTIN D	12 NAME	
STREET ADDRESS	1395 CORAL WAY	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE		21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 from an attachment with a new filing.

SIGNATURE:

Martin Schleifer

1/21/98 305-858-7400

CR2E034 (10/97)