

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F86258 (3)**
1. Corporation Name
HAL TAINES FILM PRODUCTIONS, INC.



Principal Place of Business: **3801 HOLLYWOOD BLVD. HOLLYWOOD FL 33021**
Mailing Address: **3801 HOLLYWOOD BLVD. HOLLYWOOD FL 33021**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/22/1982	3a. Date of Last Report 04/04/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2206487		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. 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 FLORIDA REGISTERED AGENTS, INC. ONE CENTRUST FINANCIAL CENTER, SUITE 3600 100 SE 2ND STREET MIAMI FL 33131				10. Name and Address of New Registered Agent			
81. Name John H. Brunt C.P.A.				82. Street Address (P.O. Box Number is Not Acceptable) 3801 Hollywood Blvd Suite 300			
83. City Hollywood				84. State FL		85. Zip Code 33021	

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: *John H. Brunt* **John H. Brunt CPA** **3/30/96**
(NOTE: Registered agent signature required when changing office)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TAINES, HAROLD			12 NAME			
STREET ADDRESS	5821 HOLLYWOOD BLVD #200			13 STREET ADDRESS			
CITY- ST- ZIP	HOLLYWOOD FL			14 CITY- ST- ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TAINES, SUE			22 NAME			
STREET ADDRESS	5821 HOLLYWOOD BLVD #200			23 STREET ADDRESS			
CITY- ST- ZIP	HOLLYWOOD FL			24 CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY- ST- ZIP				34 CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY- ST- ZIP				44 CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY- ST- ZIP				54 CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY- ST- ZIP				64 CITY- ST- ZIP			

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report 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 a 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]* **3/18/96 (310)475-4900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)