

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Sep 16 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000003835 (4)**  
 1. Corporation Name  
**DOLPHIN INTERNATIONAL CREATIVE ENTERTAINMENT, INC.**



Principal Place of Business <b>99 RUE DEPARIS        TORCY (MAINE LA VALLEE)        FRANCE 77200</b>	Mailing Address <b>99 RUE DEPARIS        TORCY (MAINE LA VALLEE)        FRANCE 77200</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 700 Avenue de TOURNAY</b> Suite, Apt. #, etc. <b>22 MOUGINS</b> City & State <b>23 MOUGINS</b> Zip <b>24 06250</b>	2a. Mailing Address <b>26 700 Ave de TOURNAY</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 MOUGINS</b> Zip <b>29 06250</b> Country <b>30 FRANCE</b>
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3. Date Incorporated or Qualified <b>08/09/1995</b>	3a. Date of Last Report <b>07/03/1996</b>
4. FEI Number <b>98-0154228</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ALLEN, THOMAS R        340 N. ORANGE AVENUE        ORLANDO FL 32801</b>	10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>85 Zip Code</b> <b>FL</b>
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD BOUVARD, FREDERIC R RUE QUI CHANTE 77500 CHANTELOUP EN BRIE</b>	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD BOUVARD, CHRISTIAN 26 RUE MICHEL DE CHAMPROND 77200 CROSSY BEAUBOURG</b>	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KOELL, PAUL B 53 AVENUE D'ARMAINVILLIERS 77330 LESIGNY, FRANCE</b>	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DAVENNE, PIERRE 14, BOULEVARD VITAL BOUBOT 92200 NEUILLY SUR SEINE</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

20 CORNICHE DU MONT VINAIGRE 83600 LES ADRETS DE L'ESTEREL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
170 Allée DES ACACIAS 06250 MOUGINS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 recipient 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 OF FREDERIC R. BOUVARD**

CR2E034 (4/97)