

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

FILED
Apr 22 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 # J11463 (3)
 1. Corporation Name
UPTOWN PRODUCTIONS, INC.



Principal Place of Business 2303 ARDSON PLACE P.O. BOX 2969 TAMPA FL 33629 US	Mailing Address P O BOX 2969 P.O. BOX 2969 TAMPA FL 33601 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/24/1986

2. Principal Place of Business 21 295 ELM STREET Suite, Apt. #, etc. 22 MONROE, CT. City & State 23 MONROE, CT. Zip 24 06468	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 FAIRFIELD Country 30
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4. FEI Number 59-2667681	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MOWER, JAMES N.
 5201 W. KENNEDY BLVD.,
 STE. 530
 TAMPA FL 33609**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 _____ (Signature: typed or printed name of registered agent and title if applicable) (NOT) Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDALINO, JOSEPH, JR.	1.2 NAME	PEDALINO, JOSEPH, JR.
STREET ADDRESS	2303 ARDSON PLACE	1.3 STREET ADDRESS	295 ELM STREET
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	MONROE, CT.
TITLE	PTS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDALINO, JOSEPH, JR.	2.2 NAME	PEDALINO, JOSEPH, JR.
STREET ADDRESS	2303 ARDSON PLACE	2.3 STREET ADDRESS	295 ELM STREET
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	MONROE, CT.
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE _____ **JOSEPH PEDALINO, JR. 4-14-98 203-452-1995**

CR2E034 (10/97)