

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90097 001 ***400.00
 05-23-2000 90097 002 ***150.00

DOCUMENT # K49311

1. Entity Name

ALTON PRODUCTIONS INC.

Principal Place of Business % C T CORPORATION SYSTEM 8751 WEST BROWARD BLVD. PLANTATION FL 33324	Mailing Address C/O ARNOLD GITOMER 350 5TH AVE STE 602 NEW YORK NY 10118-0699 US
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10401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>Suite 609</i>

City & State	City & State
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4. FEI Number 65-0086463	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/V	<input type="checkbox"/> Delete
NAME	ASHBY, RICHARD	
STREET ADDRESS	5820 NORTH BAY ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	P	<input type="checkbox"/> Delete
NAME	GIBB, BARRY	
STREET ADDRESS	5820 NORTH BAY ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GIBB, MAURICE	
STREET ADDRESS	1835 WEST 27 ST	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	T	<input type="checkbox"/> Delete
NAME	GIBB, ROBIN	
STREET ADDRESS	5790 NORTH BAY ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	AT	<input type="checkbox"/> Delete
NAME	GITOMER, ARNOLD	
STREET ADDRESS	TWO FIFTH AVE 15D	
CITY-ST-ZIP	NEW YORK NY 10011	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Arnold Gitomer 4/28/00* Date 717-594-9861 Daytime Phone #

CR2E034.19/99