

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K61485** (4)  
1. Corporation Name  
**MANX PRODUCTIONS INC.**



Principal Place of Business  
**% C T CORPORATION SYSTEM  
8751 WEST BROWARD BLVD.  
PLANTATION FL 33324**

Mailing Address  
**Arnold  
C/O GITOMER  
3505TH AVE. STE 602  
NEW YORK NY 10118-0685  
US**

2. Principal Place of Business  
21 State, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 State, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

3. Date Incorporated or Qualified **01/27/1989** 3a. Date of Last Report **05/01/1995**

4. FEIN Number **65-0095564** Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

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

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 607.0402 and 607.1504, Florida Statutes, the above named corporation wishes 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 607.0504, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>ASHBY, RICHARD</b>	
STREET ADDRESS	<b>5820 NORTH BAY ROAD</b>	
CITY-STATE-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GIBB, BARRY</b>	
STREET ADDRESS	<b>5820 NORTH DAY RD</b>	
CITY-STATE-ZIP	<b>MIAMI FL</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>GITOMER, ARNOLD</b>	
STREET ADDRESS	<b>13 QUAKER DR</b>	
CITY-STATE-ZIP	<b>EAST BRUNSWICK NJ</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>GIBB, ROBIN</b>	
STREET ADDRESS	<b>5790 NORTH DAY RD</b>	
CITY-STATE-ZIP	<b>MIAMI BCH FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>GIBB, MAURICE</b>	
STREET ADDRESS	<b>6020 NORTH BAY RD</b>	
CITY-STATE-ZIP	<b>MIAMI BCH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not comply with the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that this form also complies with the provisions of any supplemental filing report as an applicant 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; and that my name is authorized to be used in this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing in compliance with the above.

SIGNATURE:

*Arnold J Gitomer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Arnold J Gitomer 4/5/96 212-584-9861**

CR2E034 (12/95)