

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
Jul 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L25129** (2)

1. Corporation Name
LONG DISTANCE ENTERTAINMENT, INC.

Principal Place of Business 3221 CHAPEL HILL BLVD BOYNTON BEACH FL 33435 US	Mailing Address PO BOX 223907 HOLLYWOOD FL 33022 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/24/1989		3a. Date of Last Report 02/27/1996	
				4. FEI Number 65-0208840		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 type="checkbox"/> No			

9. Name and Address of Current Registered Agent DELANO, DARLENE 3221 CHAPEL HILL BLVD BOYNTON BEACH FL 33435		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 _____ (NOTE: If registered agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.	E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELANO, DARLENE		1.	ME	
STREET ADDRESS	3221 CHAPEL HILL BLVD		1.	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL		1.	Y-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	2.	E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.	ME	
STREET ADDRESS			2.	STREET ADDRESS	
CITY-ST-ZIP			2.	Y-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.	E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.	ME	
STREET ADDRESS			3.	STREET ADDRESS	
CITY-ST-ZIP			3.	Y-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.	E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.	ME	
STREET ADDRESS			4.	STREET ADDRESS	
CITY-ST-ZIP			4.	Y-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.	E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.	ME	
STREET ADDRESS			5.	STREET ADDRESS	
CITY-ST-ZIP			5.	Y-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.	E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.	ME	
STREET ADDRESS			6.	STREET ADDRESS	
CITY-ST-ZIP			6.	Y-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for 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 in an attachment with an address.

4/28/97 6/1-3/9-2055

CR2E034 (4/97)