SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) ELORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** (2)POINT OF VIEW PRODUCTIONS, INC. Mailing Address Principal Place of Business P.O. BOX 162632 P.O. BOX 162632 ALTAMONTE SPRINGS FL 32716 ALTAMONTE SPRINGS FL 32716 3a. Date of Last Report 3. Date Incorporated or Qualified 08/14/1995 05/29/1990 Applied For FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 69-3015672 26 21 \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Suite, Apt #, etc Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s 199 032 23 Country Country Zip Ζip Yes 🔀 No Florida Statutes 30 29 24 25 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name COUZART, MELVIN (MEL) Street Address (P.O. Box Number is Not Acceptable) 82 880 WESLEY CIR. APT. 212 83 APOPKA FL 32703 Zip Code 85 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. DATE (NOTE: Bug-stered Agent signature required when reinstating) SIGNATURE Stignature, Type dieu printed nache of registered agent and title if applicable (3/36)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS Addition 12. DELETE 11 TITLE PC: TITLE CR2E034 1.2 NAME COUZART, MELVIN (MEL) NAME 1.3 STREET ADDRESS 880 WESLEY CIR., APT. 212 STREET ADDRESS 14 CITY - ST - ZIP Change Addition APOPKA FL CITY-ST-ZIP DELETE 2.1 TITLE **VSM** TillE 22 NAME COUZART, NAOMI BENJAMIN NAME 2.3 STREET ADDRESS 880 WESLEY CIR., STE. 212 STREET ADDRESS 2 4 CITY - ST - ZIP APOPKA FL Change \_\_\_\_ Addition CITY-ST-ZIP DELETE 3 1 TITLE TITLE 3.2 NAME WATTS, ALBERT JR (AL) NAME 3.3 STREET ADDRESS 1741 N W 55TH TERRACE STREET ADDRESS 3 4 CITY -ST-ZIP Change Addition GAINESVILLE FL... CITY-ST-ZIP DELETE 4 : TITLE TITLE. W 4 2 NAME WATTS, CLARENCE LORENZO NAME 4 3 STREET ADDRESS 1213 NW 39TH AVE #I-1 STREET ADDRESS 4 4 CITY - ST - ZIP GAINESYILLE FL. Change Addition CITY - ST - ZIF DELETE 5 1 TITLE TITLE **VD** 5.2 NAME 1000 MONTREAL RD, Apt. 54-A CLARKSTON, GA 30021 WATTS, JAMES CARLTON 5.3 STREET ADDRESS 6100 LEVERETT STREET ADDRESS 5 4 CHY-ST-ZIP Addition THONK GA CITY-ST-ZIP DELETE 61 TITLE THLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I turther certify that the information indicated on this annual report of 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 feceiver of trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Block 31 changed or on an attachment with an address. 64 CITY - ST - ZIP

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SIGNATURE: