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PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block

SIGNATURE:

Principal Place of Business

C/O WILLIAM SUMNER

7765 SW 144 STREET



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 12 1997 8:00am

Secretary of State

3/97 365-266-8654

(96/6)

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L79395

(4)

Mailing Address

C/O WILLIAM SUMNER

7765 SW 144 STREET

SUMNER PHOTOGRAPHY, INC.

MIAMI FL 33158-1563 MIAMI FL 33158 3. Date Incorporated or Qualified 3a. Date of Last Report 06/08/1990 06/13/1996 4. FEI Number 2a. Mailing Address 2, Principal Place of Business Applied For 65-0196386 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Žιρ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SUMNER, JR W 7765 SW 144 STREET 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33158 83 84 City 85 Zip Code 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 DATE Signalure, typed or printed name of regishred agent and the if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13, 12. PVD DELETE Change Addition 1.1 TITLE TITLE SUMNER, JR W 1.2 NAME NAME 7765 SW 144 STREET 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-20F 1.4 CITY-ST-ZIP Addition DELETE Change 2.1 TITLE THUE HAME 2.2 NAME 23 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-S1-Zi2 DELETE Change Addition 31 TITLE 32 NAME NAME **33 STREET ADDRESS** STREET ADDRESS -3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - 7IP DELETE Change Addition 5.1 TITLE TITLE **5.2 NAME** NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP City-St-ZiP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I do 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

Silliam H Camper TV.