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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L86388

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FILED
May 08 1997 8:00am
Secretary of State

SMD PRODUCTIONS, INC.  Principal Place of Business Mailing Address  270 SW 31ST STREET 270 SW 31ST STREET FORT LAUDERDALE FL 33315 FORT LAUDERDALE FL 33315-3322 US					3	3. Date Incorporated or Qualified			
Principal	Place of Business	2a. Mailing Address				FEI Number	1 00/		Applied For
·		26			1	43-1559364			Not Applicabl
Suite, Ap	ol #, etc.	Suite, Apt. #, etc.			5	. Certificate of Status Desired			Additional Regulred
City & St	ato	City & State		· · · · · · · · · · · · · · · · · · ·	6	. Election Campaign Financing			May Be
ĺ		28			"	Trust Fund Contribution			d to Fees
Zip	Country	Zip	Col	untry	8	This corporation has liability for	intangible	tax under	s. 199.032,
	25	29	30	· · · · · · · · · · · · · · · · · · ·			Yes [		
	<ol> <li>Name and Address of Curr</li> <li>GDALL, ALLAN</li> </ol>	ent Registered Agent		81 Name	10	). Name and Address of New Re	gistered	Agent	····
	ORT LAUDERDALE FL 33131			83   84   City		(P.O. Box Number is Not Acceptal	FL	.	p Code
once o	r registered agent, or both, in the Sta	ite of Florida. Such change w	as authorize	d by the corp	corporat coration's	ion submits this statement for the ploons of directors. I hereby acce	pt the app	ointment i	as registered
agent. I GNATURE	Familiar with, and accept the oblined Synatric, typed or privide name of registered.	igations of, Section 607.0505	o, Florida Sta	itutes. ed Agent signature			DATE		DRS IN 12
agent I BNATURE E ELADDRES	Suprature Hypert or provide name of registered  OFFICERS A  DPV  MIGDALL, ALLAN  270 SW 31ST STREET  FT LAUDERDALE FL	agent and little #applicable  ND DIRECTORS	(NOTE: Registers 13. 11 Till 1.2 N	ad Agent signature		en reinstating)	DATE	DIRECTO	DRS IN 12
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4. I do heretry 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 appears in Block 12 or Block 3 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/47 (954) 524-020