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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L92357 (7)

1. Corporation Name

AVF POST PRODUCTIONS, INC.



Principal Place of Business

Mailing Address

Same →

Box 916369  
Longwood, FL 32791

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 916369

26 P.O. Box 96369

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Longwood, FL

28 Longwood, FL

Zip Country

Zip Country

24 32791

25

29 32791

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DICKSON, MICHAEL

Box 916369  
Longwood, FL 32791

81 Name

Dickson, Michael

82 Street Address (P.O. Box Number is Not Acceptable)

Box 916369

83

84 City

Longwood

FL

85 Zip Code

32791 91

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

Signature, typed or printed name of registered agent and fee filer (Applicable)

(NOTE: Registered Agent Signature Required when appointing)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
DICKSON, MICHAEL  
Box 916369  
Longwood, FL  
32791-6369

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
P.O. Box 916369  
Longwood, FL 32791

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96

Signature Stamp #

CR2E034 (12/95)