

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M76109** (1)  
1. Corporation Name  
**BEYOND BELIEF PRODUCTIONS, INC.**



Principal Place of Business <b>4403 VINELAND ROAD SUITE B-4 ORLANDO FL 32811</b>	Mailing Address <b>4403 VINELAND ROAD SUITE B-4 ORLANDO FL 32811</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4399 36th Street, S.W.</b> Suite, Apt. #, etc. 22 City & State 23 <b>Orlando, FL</b> Zip 24 <b>32811</b>		2a. Mailing Address 26 <b>4399 36th Street, S.W.</b> Suite, Apt. #, etc. 27 City & State 28 <b>Orlando, FL</b> Zip 29 <b>32811</b>		3. Date Incorporated or Qualified <b>04/12/1988</b>	
Country 25 <b>U.S.A.</b>		Country 30 <b>U.S.A.</b>		4. FEI Number <b>65-0044906</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KALIS, NEAL R., ESQ. 7320 GRIFFIN RD. #109 DAVIE FL 33134</b>				10. Name and Address of New Registered Agent 81 Name <b>Franklin, Raymond W.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4399 36th Street, S.W.</b> 83 84 City <b>Orlando</b> <b>FL</b> 85 Zip Code <b>32811</b>			
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11. Pursuant to the provisions of Sections 607.0402 and 607.1503, 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, and I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  DATE **5/8/98**  
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PS	<input type="checkbox"/> DELETE	1.1 TITLE	PS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRANKLIN, RAYMOND W.		1.2 NAME	Franklin, Raymond W.			
STREET ADDRESS	4403 VINELAND RD., #B-4		1.3 STREET ADDRESS	4399 36th Street, S.W.			
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando, FL 32811			
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRANKLIN, RAYMOND W.		2.2 NAME	Franklin, Raymond W.			
STREET ADDRESS	4403 VINELAND RD., #B-4		2.3 STREET ADDRESS	4399 36th Street, S.W.			
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Orlando, FL 32811			
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FITE, MARK		3.2 NAME	Fite, Mark			
STREET ADDRESS	4403 VINELAND RD., #B-4		3.3 STREET ADDRESS	4399 36th Street, S.W.			
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	Orlando, FL 32811			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  DATE **4/17/98** **407-812-3333**

CR2E034 (10/97)