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Sep 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02849 (0)

1. Corporation Name
ARTSFUSION, INC.

Principal Place of Business PO BOX 40-3776 MIAMI BEACH FL 33140 US	Mailing Address PO BOX 40-3776 MIAMI BEACH FL 33140-1776 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/01/1984	3a. Date of Last Report
4. FEI Number 59-2463940	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PERSON, STANLEY
5700 ESCONDIDA BLVD.
ST. PETERSBURG FL 33711

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HERRING, JAMES	
STREET ADDRESS	3000 PRARIE AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	PERSON, STANLEY	
STREET ADDRESS	5700 ESCONDIDA BLVD. #804	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CASTRO, ADRIAN	
STREET ADDRESS	200 COLLINS AVE., #20	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PERSON, JENNI	
STREET ADDRESS	924 LINCOLN RD. #205	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Craig Lieberman	
1.3 STREET ADDRESS	2842 Pine Tree Dr. #9	
1.4 CITY-ST-ZIP	Miami Beach, FL 33140	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jessica Roseman	
2.3 STREET ADDRESS	1040 10th Street #707	
2.4 CITY-ST-ZIP	Miami Beach, FL 33139	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Adrian Castro	
3.3 STREET ADDRESS	1040 10th St. #707	
3.4 CITY-ST-ZIP	Miami Beach, FL 33139	
4.1 TITLE	Person, Jenni	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Person, Jenni	
4.3 STREET ADDRESS	2842 Pine Tree Dr #9	
4.4 CITY-ST-ZIP	Miami Beach, FL 33140	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)

\$61.25