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FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90157 001 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N17209
 1. Corporation Name
MICAH PRODUCTIONS, INC.

Principal Place of Business: 3902 TUDOR CT, APT. 182, TAMPA FL 33614
 Mailing Address: 3902 TUDOR CT, APT. 182, TAMPA FL 33614



| | | | | | | |
|----|--------------------------------|----|---------------------|---|-----------------------------------------------------|--------------------------------|
| 21 | 2. Principal Place of Business | 2a | Mailing Address | 3 | Date Incorporated or Qualified | |
| | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 10/09/1986 | |
| 22 | City & State | 27 | City & State | 4 | FEI Number | Applied For |
| | Zip | 28 | Zip | | 59-2859625 | Not Applicable |
| 24 | Country | 29 | Country | 5 | Certificate of Status Desired | \$8.75 Additional Fee Required |
| | | 30 | | | <input type="checkbox"/> | |
| | | | | 6 | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| | | | | | <input type="checkbox"/> | |

9. Name and Address of Current Registered Agent

BUCKLEY, FREDERICK
 3902 TUDOR CT
 APT. 182
 TAMPA FL 33614

10. Name and Address of New Registered Agent

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

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | NAME | 1.1 TITLE | DATE |
| DV | DAVID, ST. AMANT | 1.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | 12010 VERA AVE | 1.3 STREET ADDRESS | |
| | TAMPA FL | 1.4 CITY-ST-ZIP | |
| CDP | BUCKLEY, FREDERICK | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | 3902 TUDOR CT #182 | 2.2 NAME | |
| | TAMPA FL | 2.3 STREET ADDRESS | |
| | | 2.4 CITY-ST-ZIP | |
| TD | BLICKLEY, JOHN | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | 3902 TUDOR CT #182 | 3.2 NAME | |
| | TAMPA FL | 3.3 STREET ADDRESS | |
| | | 3.4 CITY-ST-ZIP | |
| SD | REYNOLDS, JUNE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | 815 W 116TH AVE | 4.2 NAME | |
| | TAMPA FL | 4.3 STREET ADDRESS | |
| | | 4.4 CITY-ST-ZIP | |
| D | QUINLAN, JAMES R | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | 1023 PENEGRON DR | 5.2 NAME | |
| | BRANDON FL | 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 | |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frederick Buckley Feb 9, 1999
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (1/198)