


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morthoft Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N33703 (2)
 1. Corporation Name
LOFT PRODUCTIONS, INC.



Principal Place of Business THE LOFT THEATRE 1441 FLETCHER AVE. E., STE. 2450 TAMPA FL 33612-8809	Mailing Address THE LOFT THEATRE 1441 FLETCHER AVE. E., STE. 2450 TAMPA FL 33612-8809
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3. Date Incorporated or Qualified 07/24/1989	3a. Date of Last Report 03/02/1995
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2. Principal Place of Business 21 The Loft Production Co. Inc.	2a. Mailing Address 26 The Loft Production Co. Inc.
22 Suite, Apt. #, etc. 413	27 Suite, Apt. #, etc. 413
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

4. FEI Number 59-2971883	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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
O'HARA, DAVID K
12207 CHRISTEN CT.
TAMPA FL 33612

10. Name and Address of New Registered Agent
81 Name Kimberly Collins
82 Street Address (P.O. Box Number is Not Acceptable) 1441 E. Fletcher Ave., #413
83
84 City Tampa FL 85 Zip Code 33612

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: *Kimberly Collins* (NOTE: Registered Agent signature required when translating) **May 23, 1996**

12. OFFICERS AND DIRECTORS

TITLE	POB	<input type="checkbox"/> DELETE
NAME	GABBERT, KARA	
STREET ADDRESS	490 FIRST AVE., S.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELIAS, KEITH	
STREET ADDRESS	14801 N. FLORIDA AVENUE	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEVINE, BARRY	
STREET ADDRESS	6705 PEACH TREE DRIVE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
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	CT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Barry P. Levine, Ph.D.	
1.3 STREET ADDRESS	6705 Peachtree Dr.	
1.4 CITY-ST-ZIP	Temple Terrace, FL 33617	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robert A. Pressner	
2.3 STREET ADDRESS	2912 W. Estrella	
2.4 CITY-ST-ZIP	Tampa, FL 33629	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kara Gabbert	
3.3 STREET ADDRESS	5055 South Dale Mabry #1124	
3.4 CITY-ST-ZIP	Tampa, FL 33629	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	TT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Dawn Clark	
4.3 STREET ADDRESS	6316 Lake Sunrise Dr.	
4.4 CITY-ST-ZIP	Apollo Beach, FL 33572	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	200001841832	
5.4 CITY-ST-ZIP	-05/29/96--01017--041	
6.1 TITLE	***61.25	<input type="checkbox"/> Change <input checked="" 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barry P. Levine* **4/23/96** **(813) 989-1330**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)