

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

DOCUMENT # N33703

(2)

1. Corporation Name

LOFT PRODUCTIONS, INC.



Principal Place of Business

Mailing Address

THE LOFT THEATRE
1441 FLETCHER AVE. E., STE. 2450
TAMPA FL 33612-8809

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1441 FLETCHER AVE. E., STE. 2450
TAMPA FL 33612-8809

3. Date Incorporated or Qualified
07/24/1989

3a. Date of Last Report
03/02/1995

2. Principal Place of Business	2a. Mailing Address
21 The Loft Production Co. Inc.	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	Applied For
59-2971883	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$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

10. Name and Address of New Registered Agent

O'HARA, DAVID K
12207 CHRISTEN CT.
TAMPA FL 33612

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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		

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	
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	
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	
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	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/96 (813) 989-1330

CR2E037 (12/95)