


FILE NOW: FILING FEE IS \$61.25

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Apr 29 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <span style="float: right; font-family: cursive;">N960000000 49</span> <b>The Florida Motion Picture and Television Association</b> <b>Miami/South Florida Chapter, Inc.</b>					
<b>Principal Place of Business</b> 9348 Collins Avenue, #25 Surfside, FL 33304			<b>Mailing Address</b> 9737 Northwest 41 Street #118 Miami, FL 33178		
<b>2. Principal Place of Business</b> 21 <b>P.O.Box 546003</b> Suite, Apt. #, etc.		<b>2a. Mailing Address</b> 26 <b>P.O.Box 546003</b> Suite, Apt. #, etc.		<b>3. Date Incorporated or Qualified</b> 11/29/95	
<b>22</b> City & State 23 <b>Surfside, FL</b> Zip Country 24 <b>33154-6003</b> 25 <b>U.S.</b>		<b>27</b> City & State 28 <b>Surfside, FL</b> Zip Country 29 <b>33154-6003</b> 30 <b>U.S.</b>		<b>3a. Date of Last Report</b> 5/1/96	
<b>4. FEI Number</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>Applied For</b> <input checked="" type="checkbox"/> <b>Not Applicable</b>	
<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>\$8.75 Additional Fee Required</b> <b>\$5.00 May Be Added to Fees</b>	
<b>9. Name and Address of Current Registered Agent</b> <b>Mark S. Steinberg</b> <b>9719 South Dixie Highway, Ste. 17</b> <b>Miami, FL 33156-2806 US</b>			<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>12. OFFICERS AND DIRECTORS</b>			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		
1.1 TITLE <b>P/D</b> <input checked="" type="checkbox"/> DELETE 1.2 NAME <b>Kevan Holdsworth</b> 1.3 STREET ADDRESS <b>9348 Collins Avenue, #25</b> 1.4 CITY-ST-ZIP <b>Surfside, FL 33304</b>			1.1 TITLE <b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>Cassius McMahon</b> 1.3 STREET ADDRESS <b>1355 Meridian Avenue, Ste. 4</b> 1.4 CITY-ST-ZIP <b>Miami Beach, FL 33139</b>		
2.1 TITLE <b>V/D</b> <input checked="" type="checkbox"/> DELETE 2.2 NAME <b>Tiffany Monserrate</b> 2.3 STREET ADDRESS <b>11890 Tamiami Trail, #400</b> 2.4 CITY-ST-ZIP <b>Miami, FL 33148</b>			2.1 TITLE <b>EV/P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME <b>Sherry Faith</b> 2.3 STREET ADDRESS <b>9300 East Bayshore Drive, Ste. 201</b> 2.4 CITY-ST-ZIP <b>Bayshore Harbor, Island, FL 33154</b>		
3.1 TITLE <b>V/D</b> <input type="checkbox"/> DELETE 3.2 NAME <b>Mark Steinberg</b> 3.3 STREET ADDRESS <b>9719 South Dixie Highway, #17</b> 3.4 CITY-ST-ZIP <b>Miami, FL 33156</b>			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <b>Bruce Kassman</b> 3.3 STREET ADDRESS <b>1111 Lincoln Rd. Mall, PH 802</b> 3.4 CITY-ST-ZIP <b>Miami Beach, FL 33139-2493</b>		
4.1 TITLE <b>T/D</b> <input checked="" type="checkbox"/> DELETE 4.2 NAME <b>Bunny Yeager</b> 4.3 STREET ADDRESS <b>9301 Northeast 6th Avenue</b> 4.4 CITY-ST-ZIP <b>Miami, FL 33138</b>			4.1 TITLE <b>T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME <b>Bruce Kassman</b> 4.3 STREET ADDRESS <b>1111 Lincoln Rd. Mall, PH 802</b> 4.4 CITY-ST-ZIP <b>Miami Beach, FL 33139-2493</b>		
5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			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"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 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		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Bruce Kassman</i> <b>BRUCE KASSMAN TREAS/DIRECTOR</b> 4-28-97 (305) 534-0181 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #					

CR2E037 (9/96)