

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

215 918 B-1153-CL

DOCUMENT # P92000001751 (6)

1. Corporation Name
ONE WOMAN PRODUCTIONS, INC.



Principal Place of Business: 3280 CYPRESS CREEK DRIVE, POMPANO BEACH FL 33062
Mailing Address: 3280 CYPRESS CREEK DRIVE, POMPANO BEACH FL 33062

3. Date Incorporated or Qualified: 10/29/1992
3a. Date of Last Report: 03/17/1995
4. FEI Number: 65-0387360
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: Yes No

2. Principal Place of Business: 21 State Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent
**MOHNBLATT, VICTORIA
3280 CYPRESS CREEK DRIVE
POMPANO BEACH FL 33062**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Victoria Mohnblatt HD. 2/11/96

12. OFFICERS AND DIRECTORS
1. TITLE: DP; NAME: MOHNBLATT, VICTORIA; ADDRESS: 3280 CYPRESS CREEK DR. POMPANO BEACH FL
2. TITLE: VICE-PRESIDENT; NAME: SARA DE MOHNBLATT; ADDRESS: 3280 CYPRESS CREEK DR. POMPANO BEACH, FL 33062

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE; 1.2 NAME; 1.3 STREET ADDRESS; 1.4 CITY-ST-ZIP; 2.1 TITLE; 2.2 NAME; 2.3 STREET ADDRESS; 2.4 CITY-ST-ZIP; 3.1 TITLE; 3.2 NAME; 3.3 STREET ADDRESS; 3.4 CITY-ST-ZIP; 4.1 TITLE; 4.2 NAME; 4.3 STREET ADDRESS; 4.4 CITY-ST-ZIP; 5.1 TITLE; 5.2 NAME; 5.3 STREET ADDRESS; 5.4 CITY-ST-ZIP; 6.1 TITLE; 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Victoria Mohnblatt HD. 2/11/96 786-8904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E034 (12/95)