FILE NOW: FILING FEE AFTER MAY 1 IS \$550

SIGNATURE:

PROFIT Secretary of State FLORIDA DEPARTMENISTATE CORPORATION Sandra B. Mori **ANNUAL REPORT** Secretary of St. 1997 DIVISION OF CORPOONS POCUMENT # P93000004872 (6) YANKUS PRODUCTIONS, INC. Principal Place of Business Mailing Address 223 S. HOWARD AVENUE TAMPA FL 33606 223 S. HOWARD AVENUE TAMPA FL 33606-1726 3. Date Incorporated or Qualified 3a. Date of Last Report 01/01/1993 06/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3166598 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Ctry 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 223 S. HOWARD AVENUE Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33606 Zip Code F 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the twe-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorizely 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 Staes. SIGNATURE Signature, typed or printed name of registered agont and title if applicable (NOTE: Registeragent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change NAME YANKUS, DENNIS 223 \$ HOWARD AVENUE STREET ADDRESS 1,3 SLT ADDRESS TAMPA FL 33808 CITY-ST-ZIP 14 0 ST - ZIP TITLE DELETE Change Addition 2.P.N/ STREET ADDRESS 2 \$ SEL ADDRESS CITY-ST-ZIP 2 # C-S1-ZIP TITLE DELETE 3110 Change Addition NAME STREET ADDRESS 3.3 STLT ADDRESS CITY-ST-ZIP TITLE DELETE Change 4.1 [1] Addition NAME 4 2 NS STREET ADDRESS 4.3 STELADDRESS CITY-ST-ZIP 4.4 D/ (\$1 TITLE DELETE 5.1 (1) Change Addition STREET ADDRESS 5.3 ST ADDRESS CITY-ST-ZIP 54 C 1-21P TITLE DELETE Change 6.171 Addition NAME 6.2 N STREET ADDRESS 6.3 \$1 ADDRESS CITY-ST-ZIP 14. I do hereby certify that the Information supplied with this filing does not qualify for the comption 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 alurate and that my signature shall have the same legal effect as if made under early annual report or trustee empowered to ensure this report as required by Chapter 607, Florida Statutes; and that my name

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May 08 1997 8:00am