

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

|                                                             |                                                                                   |                                                                                                    |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><del>1997</del> 1999 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # P93000030871

1. Corporation Name

World Vision Entertainment Inc.

Principal Place of Business

Mailing Address

123 S. Woodland St. Winter Garden, FL.  
34787

|                                |                     |                                                                                         |                                |
|--------------------------------|---------------------|-----------------------------------------------------------------------------------------|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified                                                       | 3a. Date of Last Report        |
| 21                             | 26                  | 4/28/93                                                                                 | 11/98                          |
| 22                             | 27                  | 4. FET Number                                                                           | Applied For                    |
| 23                             | 28                  | 59-3199978                                                                              | Not Applicable                 |
| 24                             | 29                  | 5. Certificate of Status Desired                                                        | \$8.75 Additional Fee Required |
| 25                             | 30                  | 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees    |
|                                |                     | 7. This corporation has liability for intangible tax on for s. 199.032 Florida Statutes | Yes No                         |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

William F. Lawless, & Assoc. PA  
217 North Westmonte Avenue - Suite  
3022 Altamonte Springs, FL 32714

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 City  
84 Zip Code  
James Leone  
1275 LK. HEATHROW LN. #115B  
HEATHROW, FL 32746  
FL 32746

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

Signature type for printed name of registered agent and director (acceptable)

JAMES R. LEONE

6/4/99

|                            |                             |                                                       |                       |
|----------------------------|-----------------------------|-------------------------------------------------------|-----------------------|
| 12. OFFICERS AND DIRECTORS |                             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                       |
| TITLE                      | NAME                        | 11 TITLE                                              | 12 NAME               |
| P                          | Mike Jaillette              | 13 STREET ADDRESS                                     | 900002902889--2       |
| STREET ADDRESS             | 315 Lake Pointe #102        | 14 CITY, ST, ZIP                                      | -06/14/99--01007--005 |
| CITY, ST, ZIP              | Altamonte Springs, FL 32701 | 15 TITLE                                              | 16 NAME               |
|                            |                             | 17 STREET ADDRESS                                     | 900002902889--2       |
|                            |                             | 18 CITY, ST, ZIP                                      | -06/14/99--01007--006 |
|                            |                             | 19 TITLE                                              | 20 NAME               |
|                            |                             | 21 STREET ADDRESS                                     | *****8.75             |
|                            |                             | 22 CITY, ST, ZIP                                      | *****8.75             |
|                            |                             | 23 TITLE                                              | 24 NAME               |
|                            |                             | 25 STREET ADDRESS                                     |                       |
|                            |                             | 26 CITY, ST, ZIP                                      |                       |
|                            |                             | 27 TITLE                                              | 28 NAME               |
|                            |                             | 29 STREET ADDRESS                                     |                       |
|                            |                             | 30 CITY, ST, ZIP                                      |                       |
|                            |                             | 31 TITLE                                              | 32 NAME               |
|                            |                             | 33 STREET ADDRESS                                     |                       |
|                            |                             | 34 CITY, ST, ZIP                                      |                       |
|                            |                             | 35 TITLE                                              | 36 NAME               |
|                            |                             | 37 STREET ADDRESS                                     |                       |
|                            |                             | 38 CITY, ST, ZIP                                      |                       |
|                            |                             | 39 TITLE                                              | 40 NAME               |
|                            |                             | 41 STREET ADDRESS                                     |                       |
|                            |                             | 42 CITY, ST, ZIP                                      |                       |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(g), 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:  A. Michael Jaillette 6/4/99  
407-808-6802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

2000 JUN 11 11:15 FILED

Jun 08, 1999 08:00 A

Secretary of State

CR2E034 (9/96)