


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

FILED
Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P93000033160 (1) 1. Corporation Name PROMED PRODUCTIONS, INC.	



Principal Place of Business 5610 PGA BLVD SUITE 114 PALM BEACH GARDENS FL 33418 US	Mailing Address 5610 PGA BLVD SUITE 114 PALM BEACH GARDENS FL 33418 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 05/06/1993	
4. PEI Number 65-0405447		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent SABATELLO, CARL M 5610 PGA BLVD SUITE 114 PALM BEACH GARDENS FL 33418		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 FL	
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRABEL, JORDAN	1.2 NAME	
STREET ADDRESS	5610 PGA BLVD SUITE 114	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABATELLO, CARL M	2.2 NAME	
STREET ADDRESS	5610 PGA BLVD SUITE 114	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABATELLO, MICHAEL J	3.2 NAME	
STREET ADDRESS	5610 PGA BLVD SUITE 114	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GNDS FL	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABATELLO, PAUL	4.2 NAME	
STREET ADDRESS	5610 PGA BLVD SUITE 114	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GNDS FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABATELLO, THEODORE	5.2 NAME	
STREET ADDRESS	5610 PGA BLVD., SUITE 114	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carl M. Sabatello (561) 626-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)