
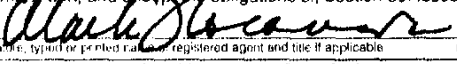



FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000048024 (2)			
1. Corporation Name DMX CORP.			
Principal Place of Business 145 EAST 48TH ST. STE. 28-G NEW YORK NY 10017 US		Mailing Address P.O. BOX 3017 GRAND CENTRAL STATION NEW YORK NY 10163-3017	
2. Principal Place of Business 21 6301 Collins Avenue Suite, Apt. #, etc. 22 Suite 2601 City & State 23 Miami Beach FL Zip 24 33141		2a. Mailing Address 26 PO Box 416630 Suite, Apt. #, etc. 27 City & State 28 Miami Beach FL Zip 29 33141 Country 30 USA	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81 Name Mark Rocanova 82 Street Address (P.O. Box Number is Not Acceptable) 6301 Collins Avenue 83 Suite 2601 84 City Miami Beach 85 Zip Code FL 33141	
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 		4-21-97 DATE	
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS D BANCROFT, SCOTT 145 E. 48TH ST., STE. 28-G NEW YORK NY PD ROCANOVA, MARK 145 E. 48TH ST. STE. #28-G NEW YORK NY 10017		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 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.		500002161055 05/01/97 01004 034 ***165.00	
SIGNATURE: 		4-21-97 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 0005740	



CR2E034 (9/96)