

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000076289 (6)
1. Corporation Name
ASCENDING FILMS, INC.



Principal Place of Business 2200 LUCIEN WAY SUITE 450 MAITLAND FL 32751	Mailing Address 2200 LUCIEN WAY SUITE 450 MAITLAND FL 32751
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/03/1993	
21 5401 S. KIRKMAN RD.	26 5401 S. KIRKMAN RD	4. FEI Number 59-3217642		Applied For Not Applicable	
Suite, Apt. #, etc. 22 SUITE 515		Suite, Apt. #, etc. 27 SUITE 515		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 ORLANDO, FL		City & State 28 ORLANDO, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 32819		Zip 29 32819		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country 25 USA		Country 30 USA			

9. Name and Address of Current Registered Agent DARLING, JILL A 5401 S. KIRKMAN ROAD, #515 ORLANDO FL 32819				10. Name and Address of New Registered Agent	
B1 Name					
B2 Street Address (P.O. Box Number is Not Acceptable)					
B3					
B4 City				FL	B5 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS, PAUL			1.2 NAME			
STREET ADDRESS	990 HANLEY AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	LOS ANGELES CA 90049			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RADSETT, JOHN			2.2 NAME			
STREET ADDRESS	5401 S. KIRKMAN ROAD, #515			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32819			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROHDIE, ALYSSA			3.2 NAME			
STREET ADDRESS	5401 S. KIRKMAN ROAD, #515			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32819			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROHDIE, ADAM			4.2 NAME			
STREET ADDRESS	5401 S. KIRKMAN ROAD, #515			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32819			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				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 [Signature]

CR2E034 (10/97)