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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08 1997 8:00am
Secretary of State

DOCUMENT # P93000078238 (1)

1. Corporation Name
DEFINE STUDIOS, INC.

Principal Place of Business
1001 SPANISH WELLS DR
MELBOURNE FL 32940

Mailing Address
1001 SPANISH WELLS DR
MELBOURNE FL 32940-1807



3. Date Incorporated or Qualified 11/12/1993
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATTERSON, DAVID R
S & D ENTERPRISES
166 SEA PARK BLVD
SATELLITE BEACH FL 32937

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

MELBOURNE

FL

85

Zip Code

32937

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 by 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

P
NAME: DEFINE, STACEY E
STREET ADDRESS: 1001 SPANISH WELLS DR
CITY-ST-ZIP: MELBOURNE FL 32940

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE

V
NAME: DEFINE, THOMAS H
STREET ADDRESS: 1001 SPANISH WELLS DR
CITY-ST-ZIP: MELBOURNE FL 32940

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE

NAME: DEFINE, THOMAS H
STREET ADDRESS: 1001 SPANISH WELLS DR
CITY-ST-ZIP: MELBOURNE FL 32940

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE

NAME: DEFINE, THOMAS H
STREET ADDRESS: 1001 SPANISH WELLS DR
CITY-ST-ZIP: MELBOURNE FL 32940

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE

NAME: DEFINE, THOMAS H
STREET ADDRESS: 1001 SPANISH WELLS DR
CITY-ST-ZIP: MELBOURNE FL 32940

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

NAME: DEFINE, THOMAS H
STREET ADDRESS: 1001 SPANISH WELLS DR
CITY-ST-ZIP: MELBOURNE FL 32940

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.

SIGNATURE:

Stacey E. Define 4-3-97 (407) 962-9366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/04/1997

CR2E034 (9/96)