
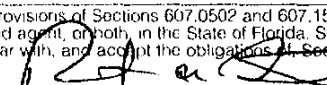
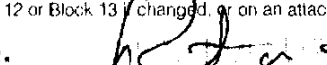


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 11 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 # P93000081550 (4) 1. Corporation Name CEL-TEL ON HOLD PRODUCTIONS, INC.					
Principal Place of Business 2300 W. OAKLAND PARK BLVD. STE 400 FT. LAUDERDALE FL 33311			Mailing Address 2300 W. OAKLAND PARK BLVD. STE 400 FT. LAUDERDALE FL 33311-1418		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/19/1993	
21 Suite Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 05/01/1996	
22 City & State		27 City & State		4. FEI Number 65-0447394	
23 Zip		28 Zip		Applied For <input type="checkbox"/> Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BAUMEL, SUSAN K 1200 N. FEDERAL HIGHWAY SUITE 411 BOCA RATON FL 33432				10. Name and Address of New Registered Agent	
				81 Name Robert M. Fitzgerald	
				82 Street Address (P.O. Box Number Is Not Acceptable) 2300 W. Oakland Park Blvd.	
				83 Suite Suite 200	
				84 City Ft. Lauderdale	
				85 Zip Code FL 33311	
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					
1.1 TITLE D President <input type="checkbox"/> DELETE					
1.2 NAME FITZGERALD, ROBERT					
1.3 STREET ADDRESS 2300 W. OAKLAND PARK BLVD. STE 400					
1.4 CITY-ST-ZIP FT. LAUDERDALE FL 33311					
2.1 TITLE D Secretary <input type="checkbox"/> DELETE					
2.2 NAME BERCUN, MICHAEL					
2.3 STREET ADDRESS 2300 W. OAKLAND PARK BLVD. STE 400					
2.4 CITY-ST-ZIP FT. LAUDERDALE FL 33311					
3.1 TITLE D <input checked="" type="checkbox"/> DELETE					
3.2 NAME BERCUN, MICHAEL					
3.3 STREET ADDRESS 2300 W. OAKLAND PARK BLVD. STE 400					
3.4 CITY-ST-ZIP FT. LAUDERDALE FL 33311					
4.1 TITLE D <input checked="" type="checkbox"/> DELETE					
4.2 NAME BERCUN, MICHAEL					
4.3 STREET ADDRESS 2300 W. OAKLAND PARK BLVD. STE 400					
4.4 CITY-ST-ZIP FT. LAUDERDALE FL 33311					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE President <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE Alfred Piccinini <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS 2300 W. Oakland Park Blvd					
3.4 CITY-ST-ZIP Ft Lauderdale, FL 33311					
4.1 TITLE V. Pres <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS Michael O'Connor					
4.4 CITY-ST-ZIP 2300 W. Oakland Park Blvd.					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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, changed, or on an attachment with an addendum.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)

3-20-97 954-485-4400
Date Daytime Phone # 0288080