

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)



PROFIT CORPORATION ANNUAL REPORT

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

1996-5-76

B- 7574 C

DOCUMENT # P94000004286 (8)

1. Corporation Name

BLAST ENTERTAINMENT, CORP.



Principal Place of Business

Mailing Address

2311 N. FEDERAL HWY
 POMPANO BEACH FL 33062

2311 N. FEDERAL HWY
 POMPANO BEACH FL 33062

3. Date Incorporated or Qualified 01/19/1994	3a. Date of Last Report 04/25/1995
4. FEI Number 65-0460772	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 8133 WINDGATE DR.
22 City & State	27 Suite, Apt. #, etc.
23 City & State	28 BOCA RATON FL.
24 Zip	29 33496
25 Country	30 BROWARD

9. Name and Address of Current Registered Agent

**DANELS, STEVEN
 301 YAMATO RD
 SUITE 4150
 BOCA RATON FL 33431**

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

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's signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PTD	<input type="checkbox"/>
NAME	KRASSNER, HELENE	
STREET ADDRESS	2311 N. FEDERAL HWY	
CITY - ST - ZIP	POMPANO BEACH FL 33062	
TITLE	V	<input type="checkbox"/>
NAME	WARSHAW, MORRIS	
STREET ADDRESS	8133 WINDGATE DR	
CITY - ST - ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP			
21 TITLE	V/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 NAME	WARSHAW MORRIS		
23 STREET ADDRESS	8133 WINDGATE DR.		
24 CITY - ST - ZIP	BOCA RATON FL, 33496		
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Morris Warsaw* VP 7/29/96 407 451-0922
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City and Phone #

CR2E034 (3/96)