

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

**FILED**  
**May 12 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000009172 (5)**  
 1. Corporation Name  
**ICON STUDIO, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1428 E ROCK SPRINGS RD          APT 3          ATLANTA GA 30306          US</b>	Mailing Address <b>1428 E ROCK SPRINGS RD          APT 3          ATLANTA GA 30306          US</b>
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3. Date Incorporated or Qualified  
**02/04/1994**

2. Principal Place of Business <b>21 2591 OAK AVENUE</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 2591 OAK AVENUE</b> Suite, Apt. #, etc.
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4. FEI Number <b>65-0472695</b>	Applied For <input type="checkbox"/> Not Applicable
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22. City & State <b>TUCKER, GA</b>	27. City & State <b>TUCKER, GA</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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23. Zip <b>30084</b>	25. Country <b>USA</b>	28. Zip <b>30084</b>	30. Country <b>USA</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARALEGAL SERVICES OF FLORIDA, INC.**  
**4000 NORTH S.R. 7**  
**SUITE 410**  
**LAUDERDALE LAKES FL 33319**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>FIELDS, ADAM B</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1428 E ROCK SPRINGS RD APT3</b>	CITY-ST-ZIP <b>ATLANTA GA</b>	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		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	

**PD FIELDS, ADAM B**  
**2591 OAK AVENUE**  
**TUCKER, GA 30084**

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: *Lori Fields* **LORI FIELDS** **4-29-98** **7709391581**

CR2E034 (10/97)