FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P94000011517 (7)**

1. Corporation Name
AMAZING STUDIOS, INC.

Principal Place of Business
5201 NE 12TH AVE
OAKLAND PARK FL 33334

Mailing Address
5201 NE 12TH AVE
OAKLAND PARK FL 33334

3. Date Incorporated For Profit
02/07/1994

3a. Date of Last Report
04/27/1995

4. FEI Number
65-0473029
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. The corporation is requesting to be certified under s. 991.07(2), Florida Statutes. [X] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City, State
23
Zip
24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City, State
28
Zip
29 Country 30

9. Name and Address of Current Registered Agent
MAYS, GLENN K
5201 NE 12TH AVE
OAKLAND PARK FL 33334

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered office and the name of the registered agent are familiar with, and accept the obligations of Section 607.0501, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	MAYS, GLENN K	
STREET ADDRESS	5201 NE 12TH AVE	
CITY, ST, ZIP	OAKLAND PARK FL 33334	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
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CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	[ ] Change	[ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	[ ] Change	[ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	[ ] Change	[ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	[ ] Change	[ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	[ ] Change	[ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same force and 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 in compliance with Section 607.0501, Florida Statutes.

SIGNATURE: Glenn K Mays — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 25, 96

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