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 # P94000012951 (7)

1. Corporation Name

EUBANKS/DONIZETTI ENTERTAINMENT, INC.

Principal Place of Business
28870 US HIGHWAY 19 NORTH
SUITE 230
CLEARWATER FL 34621

Mailing Address
28870 US HIGHWAY 19 NORTH
SUITE 230
CLEARWATER FL 34621

3. Date Incorporated or Qualified: 02/15/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3232718 — [ ] 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. This corporation has liability for intangible tax under s. 199.032, 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

DONIZETTI, LARRY
950 CARSTAIRS CT.
TARPON SPRINGS FL 34689

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 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 ______ Date ______

12. OFFICERS AND DIRECTORS

TITLE	CMD	[ ] DELETE
NAME	DONIZETTI, LARRY	
STREET ADDRESS	950 CARSTAIRS CT.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	[ ] DELETE
NAME	EUBANKS, BOB	
STREET ADDRESS	3617 ROBLAR AVE	
CITY-ST-ZIP	SANTA YNEZ CA 93460	
TITLE	STVD	[ ] DELETE
NAME	DONIZETTI, MARIA	
STREET ADDRESS	950 CARSTAIRS CT.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
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

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE	DP	[X] Change [ ] Addition
2 NAME	Eubanks, Bob	
2 STREET ADDRESS	3617 Roblar Ave	
2 CITY-ST-ZIP	Santa Ynez CA 93460	
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 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)(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: ______ (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
Maria A. Donizetti

Date: 4/1/96 — Daytime Phone #: (813) 726-7900

CR2E034 (12/95)