

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

**FILED**  
**May 19 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000031746 (8)**  
 1. Corporation Name  
**LABYRINTH AUDIO VISUAL PRODUCTIONS, INC.**



Principal Place of Business <b>1801 10TH ST. SOUTH                  STUDIO B                  SAFETY HARBOR FL 34695</b>	Mailing Address <b>1801 10TH ST. SOUTH                  STUDIO B                  SAFETY HARBOR FL 34695</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		<b>3. Date Incorporated or Qualified</b> 04/27/1994	<b>4. FEI Number</b> 59-3244979	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						

<b>9. Name and Address of Current Registered Agent</b> FOSTER, BRADLEY B 1801 10TH ST. SOUTH STUDIO B SAFETY HARBOR FL 34695				<b>10. Name and Address of New Registered Agent</b> 81 Name HICKS, PATRICIA A. 82 Street Address (P.O. Box Number is Not Acceptable) 1801 10th St S, STE. B 83 84 City SAFETY HARBOR FL 85 Zip Code 34695		
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11. Pursuant to the provisions of Sections 607.0507 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 *Patricia Ann Hicks* 5-11-98  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P HICKS, DAVID A	1.1 TITLE	P HICKS, DAVID A.
NAME	HICKS, DAVID A	1.2 NAME	HICKS, DAVID A.
STREET ADDRESS	170 SUNCREST DRIVE	1.3 STREET ADDRESS	1801 10th St, S, STE. B
CITY-ST-ZIP	SAFETY HARBOR FL	1.4 CITY-ST-ZIP	SAFETY HARBOR FL 34695
TITLE	S FOSTER, BRADLEY D	2.1 TITLE	S HICKS, PATRICIA A.
NAME	FOSTER, BRADLEY D	2.2 NAME	HICKS, PATRICIA A.
STREET ADDRESS	170 SUNCREST DRIVE	2.3 STREET ADDRESS	1801 10th St S STE. B
CITY-ST-ZIP	SAFETY HARBOR FL	2.4 CITY-ST-ZIP	SAFETY HARBOR FL 34695
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *[Signature]*

CR2E034 (10/97)