

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 # P94000042955 (2)

1. Corporation Name

THE MAGICAL DOLPHIN GIRL PRODUCTIONS, INC.



Principal Place of Business

1915 HARRISON ST.
HOLLYWOOD FL 33020

Mailing Address

1915 HARRISON ST.
HOLLYWOOD FL 33020

3. Date Incorporated or Qualified

06/03/1994

3a. Date of Last Report

04/10/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~LANE, JERE~~
~~11338 N.W. 10TH ST.~~
~~PEMBROKE PINES FL~~

81

Name

DOUGLASK. BISCHOFF, ESQ

82

Street Address (P.O. Box Number is Not Acceptable)

MORGAN, LEWIS & BOCKIUS LLP

83

200 So. BISCAYNE BLVD., # 6300

84

City

MIAMI

85

Zip Code

FL

33131

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

Douglas Bischoff

DOUGLAS BISCHOFF

4/26/96

Signature, typed or printed name of registered agent (if different from above)

Signature, typed or printed name of registered agent (if different from above)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	BRESLIN, JERRELL A	
STREET ADDRESS	1915 HARRISON ST.	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	PC	<input type="checkbox"/> DELETE
NAME	RODGERS, THOMAS E JR.	
STREET ADDRESS	1915 HARRISON ST	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SHAPIRO, ROBERT	
STREET ADDRESS	1915 HARRISON ST	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KING, LAURA A	
STREET ADDRESS	1915 HARRISON ST	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKEAN, RANDOLPH	
STREET ADDRESS	6401 S.W. 87TH AVE.	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	

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 115.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

Laura A. King LAURA A. KING

4/26/96 (954) 929-6902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

CR2E034 (12/95)