

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000046985 (5)
1. Corporation Name

ON-LINE PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

11720 US 19 NORTH
SUITE 15
PORT RICHEY FL 34668
US

11720 US 19 NORTH
SUITE 15
PORT RICHEY FL 34668
US

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

HART, J. DAVID
11720 US 19 NORTH
SUITE 15
PORT RICHEY FL 34668

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME SD
HART, ELANORE H.
STREET ADDRESS 11720 US 19 NORTH, SUITE 15
CITY-ST-ZIP PORT RICHEY FL

13. ☐ Change ☐ Addition

TITLE PD ☐ DELETE
NAME HART, J. DAVID
STREET ADDRESS 11720 US 19 NORTH, SUITE 15
CITY-ST-ZIP PORT RICHEY FL

14. ☐ Change ☐ Addition

TITLE TD ☐ DELETE
NAME HART, JOHN M.
STREET ADDRESS 11720 US 19 NORTH, SUITE 15
CITY-ST-ZIP PORT RICHEY FL

15. ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

16. ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

17. ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
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)(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 617, 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

10-24-97

Date

(813) 862-2329

Daytime Phone #

FILED

97 OCT 29 PM 1:23

SECRETARY OF STATE



REINSTATEMENT

3. Date Incorporated or Qualified

3a. Date of Last Report

06/17/1994

08/10/1995

4. FEI Number

59-3251551

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



Yes



No

CR2E034 (3/96)