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 # P94000072572

Corporation Name

FUNNYBONE PUBLISHING, INC.

Principal Place of Business	Mailing Address
315 E. Robinson St Ste 600 Orlando, FL 32801 US	P O Box 3000 Orlando, FL 32802 US

3. Date Incorporated or Qualified: 9/28/94

3a. Date of Last Report:

21. Principal Place of Business:

22. Suite, Apt. #, etc.:

23. City & State:

24. Zip: 25. Country:

26. Mailing Address:

27. Suite, Apt. #, etc.:

28. City & State:

29. Zip: 30. Country:

4. FEI Number: 59-3285092 [X] Applied For [ ] Not Applicable

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

6. [ ] **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

Name and Address of Current Registered Agent

SHUFFIELD, W CHARLES
315 E ROBINSON ST
STE 600
ORLANDO FL 32801

Name and Address of New Registered Agent

81 Name

82 Street – (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

Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS			13. OFFICERS AND DIRECTORS	
TITLE	D	[ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	SHUFFIELD, W CHARLES		1.2 NAME	
STREET ADDRESS	315 E. ROBINSON ST 600		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME			5.2 NAME	900001840649
STREET ADDRESS			5.3 STREET ADDRESS	-05/28/96--01030--016
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***800.00
TITLE		[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4-29-96 407-425-7010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

W Charles Shuffield

CS 5/1/96