

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90005 044 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000081434

1. Corporation Name
DYNAMIC VIDEO & PHOTOGRAPHY PRODUCTIONS, INC.



Principal Place of Business 10097 CLEARY BLVD., #272 PLANTATION FL 33324	Mailing Address 10097 CLEARY BLVD., #272 PLANTATION FL 33324
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 206 MONTEREY WAY		2a. Mailing Address 26 206 MONTEREY WAY		3. Date Incorporated or Qualified 11/04/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0639648	
City & State 23 ROYAL PALM BCH, FL		City & State 28 ROYAL PALM BCH, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33341		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29 USA		Country 30 USA		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HUFFSTUTLER, DENNIS 4342 NW 95 STREET SUNRISE FL 33351				10. Name and Address of New Registered Agent		
				81 Name HUFFSTUTLER, DENNIS		
				82 Street Address (P.O. Box Number is Not Acceptable) 206 MONTEREY WAY		
				83		
				84 City ROYAL PALM BCH FL	85 Zip Code 33411	

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. (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	D	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P
NAME	HUFFSTUTLER, DENNIS	1.2 NAME	HUFFSTUTLER, DENNIS
STREET ADDRESS	4342 NW 95 WAY	1.3 STREET ADDRESS	206 MONTEREY WAY
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	ROYAL PALM BCH FL 33411
TITLE <input type="checkbox"/> DELETE	S	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	T
NAME	LISA ANN HUFFSTUTLER	2.2 NAME	LISA ANN HUFFSTUTLER
STREET ADDRESS	4342 NW 95TH WAY	2.3 STREET ADDRESS	206 MONTEREY WAY
CITY-ST-ZIP	SUNRISE FL 33351	2.4 CITY-ST-ZIP	ROYAL PALM BCH FL 33411
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, with all other like empowered.

SIGNATURE: Dennis Huffstutler **DENNIS HUFFSTUTLER** 4/22/99 (581) 333 6050
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)