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FILED

**Apr 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000085379 (3)

1. Corporation Name
PROLIFIC RECORDS, INC.



Principal Place of Business 8624 SW 15 ST PEMBROKE PINES FL 33025	Mailing Address 8624 SW 15 ST PEMBROKE PINES FL 33025-3379
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3. Date Incorporated or Qualified 11/21/1994	3a. Date of Last Report 04/26/1996
4. FEI Number 65-0540402	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**WILSON, NORMAN G
8624 SW 15 ST
PEMBROKE PINES FL 33025**

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	MURRAY, ADRIAN L
STREET ADDRESS	8624 SW 15 ST
CITY - ST - ZIP	PEMBROKE PINES FL 33025
TITLE	D <input type="checkbox"/> DELETE
NAME	MURRAY, GERALD
STREET ADDRESS	8624 SW 15 ST
CITY - ST - ZIP	PEMBROKE PINES FL 33025
TITLE	D <input type="checkbox"/> DELETE
NAME	MURRAY, ERIC
STREET ADDRESS	8624 SW 15 ST
CITY - ST - ZIP	PEMBROKE PINES FL 33025
TITLE	D <input type="checkbox"/> DELETE
NAME	MURRAY, CEDRIC L
STREET ADDRESS	8624 SW 15 ST
CITY - ST - ZIP	PEMBROKE PINES FL 33025
TITLE	D <input type="checkbox"/> DELETE
NAME	WILSON, NORMAN G
STREET ADDRESS	8624 SW 15 ST
CITY - ST - ZIP	PEMBROKE PINES FL 33025
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do 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, or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, as an attachment with this address.

SIGNATURE: *[Signature]* **4-3-97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)