


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

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90126 038 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000087298</b>					
1. Corporation Name <b>SIDESTEP PRODUCTIONS, INC.</b>					
Principal Place of Business 1111 N. WESTSHORE BLVD. SUITE 215 TAMPA FL 33607 US			Mailing Address 1111 N. WESTSHORE BLVD. SUITE 215 TAMPA FL 33607 US		
2. Principal Place of Business 21 5912 W. Sitka St. Suite, Apt. #, etc. 22 City & State 23 Tampa FL Zip 24 33634 Country 25 USA		2a. Mailing Address 26 5912 W. Sitka St. Suite, Apt. #, etc. 27 City & State 28 Tampa FL Zip 29 33634 Country 30 USA		3. Date Incorporated or Qualified 12/01/1994 4. FEI Number 59-3281254 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BROWNE, CHAD W 111 E MADISON ST SUITE 2300 TAMPA FL 33602			10. Name and Address of New Registered Agent 81 Name Nancy R. Curtis 82 Street Address (P.O. Box Number is Not Acceptable) 83 5912 W. Sitka St. 84 City Tampa FL 85 Zip Code 33634		
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 <u>Nancy R. Curtis</u> DATE <u>1-5-98</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPST	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CURTIS, NANCY R		1.2 NAME		
STREET ADDRESS	13931 BELLAMY BROTHERS BLVD		1.3 STREET ADDRESS	5912 W. Sitka St	
CITY-ST-ZIP	DADE CITY FL 33525		1.4 CITY-ST-ZIP	Tampa FL 33634	
TITLE	DVP	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHMIDT, MARK S.		2.2 NAME		
STREET ADDRESS	13931 BELLAMY BROS. BLVD.		2.3 STREET ADDRESS	5912 W. Sitka St	
CITY-ST-ZIP	DADE CITY FL		2.4 CITY-ST-ZIP	Tampa FL 33634	
TITLE	VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSENTHAL, BARBARA		3.2 NAME		
STREET ADDRESS	516 N. BRADFORD AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609		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: Nancy R. Curtis, Pres. 813-880-8998 1-5-98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)