

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90199 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000091209

1. Corporation Name
TEHA PRODUCTIONS, INC.



Principal Place of Business 402 OLD MILL POND ROAD PALM HARBOR FL 34683	Mailing Address 402 OLD MILL POND ROAD PALM HARBOR FL 34683
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/15/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3293208	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SANDBERG, THERESA 402 OLD MILL POND ROAD PALM HARBOR FL 34683				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signatures required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD PRESIDENT/TREASURER <input type="checkbox"/> DELETE	1.1 TITLE	VPT Vice President/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDBERG, THERESA	1.2 NAME	Karon GRACE
STREET ADDRESS	402 OLD MILL POND ROAD	1.3 STREET ADDRESS	8210 14TH AVENUE APT 66
CITY-ST-ZIP	PALM HARBOR FL 34683	1.4 CITY-ST-ZIP	BROOKLYN NY 11214
TITLE	HARRISON ARNSTON DECEASED <input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME	HARRISON ARNSTON DECEASED	2.2 NAME	
STREET ADDRESS	402 Old Mill Pond Rd	2.3 STREET ADDRESS	
CITY-ST-ZIP	Palm Harbor, FL 34683	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: Theresa Sandberg 12/13/99 727 934-1226
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Theresa SANDBERG, Pres

CR7F034 (1/198)