

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

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000015438 (1)

1. Corporation Name
UNITED STUDIOS CORPORATION

Principal Place of Business
2120 NORTH COUNTY ROAD 427
LONGWOOD FL 32750

Mailing Address
2120 NORTH COUNTY ROAD 427
LONGWOOD FL 32750-3507



3. Date Incorporated or Qualified 02/20/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3301563	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. 199.032, Florida Statutes <input checked="" 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 Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent
WHITE, W. GRAHAM
250 PARK AVENUE SOUTH
5TH FLOOR
WINTER PARK FL 32789

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	LEE, BOB
STREET ADDRESS	940 DOUGLAS AVE #155
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	VP <input type="checkbox"/> DELETE
NAME	McAFEE, JULIE
STREET ADDRESS	940 DOUGLAS AVE #155
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Julie McAfee
1.3 STREET ADDRESS	940 Douglas Ave #155
1.4 CITY - ST - ZIP	Altamonte Springs, FL 32714
2.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bob Lee
2.3 STREET ADDRESS	143 Mohawk Dr.
2.4 CITY - ST - ZIP	Deland, FL 32724
3.1 TITLE	Board Member <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Diane Parnell
3.3 STREET ADDRESS	698 J Sabal Palm Circle
3.4 CITY - ST - ZIP	Altamonte Springs, FL 32701
4.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Julie McAfee
4.3 STREET ADDRESS	940 Douglas Ave. #155
4.4 CITY - ST - ZIP	Altamonte Springs, FL 32714
5.1 TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Julie McAfee
5.3 STREET ADDRESS	940 Douglas Ave. #155
5.4 CITY - ST - ZIP	Altamonte Springs, FL 32714
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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: *[Signature]* 1-17-96 407-831-3484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)