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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000017542 (8)**

1. Corporation Name
ECLIPSE VIDEO PRODUCTION, INC.

Principal Place of Business	Mailing Address
211 ST. JOE PLAZA DRIVE SUITE B PALM COAST FL 32137 US	7 OLD KINGS ROAD NORTH SUITE 36-9 PALM COAST FL 32137-8248

3. Date Incorporated or Qualified: 03/02/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 9 MARKET PLACE COURT
Suite, Apt. #, etc.
22 SUITE B
City & State
23 PALM COAST, FL
Zip 24 32137 Country 25 USA

2a. Mailing Address
26 9 MARKET PLACE COURT
Suite, Apt. #, etc.
27 SUITE B
City & State
28 PALM COAST, FL
Zip 29 32137 Country 30 USA.

4. FEI Number: ~~59-3303176~~ 59-3372746 [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent
HARPER, TROY A
7 OLD KINGS ROAD
SUITE 36-9
PALM COAST FL 32137

10. Name and Address of New Registered Agent
81 Name: HARPER, TROY A.
82 Street Address (P.O. Box Number is Not Acceptable): 9 MARKET PLACE COURT
83 SUITE B
84 City: PALM COAST FL 85 Zip Code: 32137

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: [signature] TROY A. HARPER 4/23/97
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	[ ] DELETE	1.1 TITLE	PRESIDENT	[X] Change [ ] Addition
NAME	HARPER, TROY A		1.2 NAME	HARPER, TROY A.	
STREET ADDRESS	7 OLD KINGS ROAD, SUITE 36-9		1.3 STREET ADDRESS	9 MARKET PLACE COURT, STE B	
CITY-ST-ZIP	PALM COAST FL 32137		1.4 CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE		[ ] DELETE	2.1 TITLE		[ ] Change [ ] Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	3.1 TITLE		[ ] Change [ ] Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	4.1 TITLE		[ ] Change [ ] Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	6.1 TITLE		[ ] Change [ ] Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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] TROY A HARPER Worker (904) 446-1444