

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000023219 (5)
 1. Corporation Name

THE ANIMATION FACTORY, INC.



Principal Place of Business: 8840 SW 21ST ST, MIRAMAR FL 33025
 Mailing Address: 8840 SW 21ST ST, MIRAMAR FL 33025

3. Date Incorporated or Qualified: 03/22/1995
 3a. Date of Last Report: [Blank]
 4. FEI Number: 65-0579082
 Applied For: [Blank] / 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 No

2. Principal Place of Business: 21 1923 W. COPANS RD
 Suite, Apt #, etc.: [Blank]
 City & State: 23 POMPANO BEACH, FL
 Zip: 24 33064 Country: 25 US
 2a. Mailing Address: 26 1923 W. COPANS RD
 Suite, Apt #, etc.: [Blank]
 City & State: 27 POMPANO BEACH, FL
 Zip: 29 33064 Country: 30 US

9. Name and Address of Current Registered Agent

BROWN, THOMAS C
 8840 SW 21ST ST
 MIRAMAR FL 33025

Address Change

10. Name and Address of New Registered Agent

81 Name: THOMAS C BROWN
 82 Street Address (P.O. Box Number is Not Acceptable): 1923 W. COPANS RD
 83 [Blank]
 84 City: POMPANO BEACH FL 85 Zip Code: 33064

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: Typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

Date:

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|--------------------|---------------------------------|
| TITLE | PS | <input type="checkbox"/> DELETE |
| NAME | LOCKE, TERRY L | |
| STREET ADDRESS | % 8840 SW 21ST ST | |
| CITY-ST-ZIP | MIRAMAR FL 33025 | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | DANIELS, RICHARD E | |
| STREET ADDRESS | % 8840 SW 21ST ST | |
| CITY-ST-ZIP | MIRAMAR FL 33025 | |
| 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 | | |
|---|-------------------------|--|
| 11 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | | |
| 13 STREET ADDRESS | 1923 W. COPANS RD | |
| 14 CITY-ST-ZIP | POMPANO BEACH, FL 33064 | |
| 21 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | 1923 W. COPANS RD, | |
| 24 CITY-ST-ZIP | POMPANO BEACH FL 33064 | |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Registered Office #

CR2E034 (3/96)