

**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		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
8840 SW 21ST ST MIRAMAR FL 33025		8840 SW 21ST ST MIRAMAR FL 33025		03/22/1995	

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1923 W. COPANS RD	26 1923 W. COPANS RD	65-0579082	Not Applicable
Suite, Apt #, etc.	Suite, Apt #, etc.		
22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23 POMPANO BEACH, FL	28 POMPANO BEACH, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Zip	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 33064	29 33064	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
Country	Country		
25 US	30 US		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
BROWN, THOMAS C 8840 SW 21ST ST MIRAMAR FL 33025		81 Name	THOMAS C BROWN		
		82 Street Address (P.O. Box Number is Not Acceptable)	1923 W. COPANS RD		
		83			
		84 City	POMPANO BEACH	FL	85 Zip Code
					33064

Address Change

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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKE, TERRY L	12 NAME	
STREET ADDRESS	% 8840 SW 21ST ST	13 STREET ADDRESS	1923 W. COPANS RD
CITY-ST-ZIP	MIRAMAR FL 33025	14 CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	DV	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, RICHARD E	22 NAME	
STREET ADDRESS	% 8840 SW 21ST ST	23 STREET ADDRESS	1923 W. COPANS RD,
CITY-ST-ZIP	MIRAMAR FL 33025	24 CITY-ST-ZIP	POMPANO BEACH FL 33064
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_ DATE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)