

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

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90101 043 \*\*\*158.75

U1000000

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P95000023219**

1. Corporation Name  
**THE ANIMATION FACTORY, INC.**



Principal Place of Business  
 3100 N 29TH CT  
 HOLLYWOOD FL 33020  
 US

Mailing Address  
 1923 W COPANS RD  
 POMPANO BEACH FL 33064  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/22/1995**

2. Principal Place of Business  
 21 **1812 SW 179th Ave.**

2a. Mailing Address  
 26 **1812 SW, 179th Ave.**

4. FEI Number  
**65-0579082**

Applied For  
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State  
**MIRAMAR, FL**

28 City & State  
**MIRAMAR, FL**

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

24 Zip **33029** 25 Country **US**

29 Zip **33029** 30 Country **US**

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

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**BROWN, THOMAS C**  
 3100 N 29TH CT  
 HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name **TERRY L. LOCKE**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1812 SW 179th Ave.**

83

84 City **Miramar** FL 85 Zip Code **33029**

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 to 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 *Terry L. Locke* (**TERRY L. LOCKE**) **Feb. 22, 1999**  
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	1923 W COPANS RD	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	DANIELS, RICHARD E	
STREET ADDRESS	1923 W COPANS RD	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *Terry L. Locke* (**TERRY L. LOCKE**) **Feb. 22, 1999** **954 450-6353**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)