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 # P95000027621 (8)

1. Corporation Name

MOBILE TELEPRODUCTIONS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1110 N. PENINSULA AVENUE NEW SMYRNA BEACH FL 32169	1110 N. PENINSULA AVENUE NEW SMYRNA BEACH FL 32169

3. Date Incorporated or Qualified: 04/06/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2721 N. FORSYTH RD	26 2721 N. FORSYTH RD
Suite, Apt. #, etc. 22 SUITE 400	Suite, Apt. #, etc. 27 SUITE 400
City & State 23 WINTER PARK, FL	City & State 28 WINTER PARK, FL
Zip 24 32792 Country 25 USA	Zip 29 32792 Country 30 USA

4. FEI Number — [✓] 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 [ ] No

9. Name and Address of Current Registered Agent

HORNER, L. DAVID III
1110 N. PENINSULA AVENUE
NEW SMYRNA BEACH FL 32169

10. Name and Address of New Registered Agent

81 Name: HORNER, L. DAVID
82 Street Address (P.O. Box Number is Not Acceptable)
83 18 SIMARA ST.
84 City: STUART FL 85 Zip Code: 34996

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

TITLE	D	[ ] DELETE
NAME	HORNER, L. DAVID III	
STREET ADDRESS	1110 N. PENINSULA AVENUE	
CITY - ST - ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	President	[ ] DELETE
NAME	Herberto J. Velez	
STREET ADDRESS	7529 Park Promenade Dr #1631	
CITY - ST - ZIP	Winter Park, Fl 32792	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME	HORNER, L. DAVID	
1.3 STREET ADDRESS	18 SIMARA ST	
1.4 CITY - ST - ZIP	STUART, FL 34996	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

CR2E034 (3/96)

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: David Horner L. DAVID HORNER 6-18-96 407-333-5250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #