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FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



DOCUMENT # P95000042991 (6)

1. Corporation Name
MOVETIME ENTERTAINMENT, INC.



Principal Place of Business
930 WASHINGTON AVENUE
FIFTH FLOOR
MIAMI BEACH FL 33139

Mailing Address
930 WASHINGTON AVENUE
FIFTH FLOOR
MIAMI BEACH FL 33139-5084

3. Date Incorporated or Qualified 05/24/1995	3a. Date of Last Report 05/23/1996
4. FEI Number 65-0587236	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent
KRASSNER, BRAD L
930 WASHINGTON AVENUE
FIFTH FLOOR
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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
NAME	KRASSNER, BRAD L
STREET ADDRESS	930 WASHINGTON AVENUE FIFTH FLOOR
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	CD
NAME	KRASSNER, BRAD L
STREET ADDRESS	930 WASHINGTON AVENUE, FIFTH FLOOR
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	D
NAME	TURK, LARRY M
STREET ADDRESS	930 WASHINGTON AVENUE FIFTH FLOOR
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	PD
NAME	FULLERTON, MITCHELL
STREET ADDRESS	3410 21ST COURT SE
CITY-ST-ZIP	OLYMPIA WA 98501
TITLE	D
NAME	BENJAMIN, BRAD L
STREET ADDRESS	3410 21ST COURT SE
CITY-ST-ZIP	OLYMPIA WA 98501
TITLE	
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 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 recipient 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: _____

CR2E034 (9/96)