FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
96 MAY -1 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000059391 (9)

1. Corporation Name
NIGHTMOVES PUBLISHING, INC.

Principal Place of Business
~~1396 SHADY OAK LANE~~
~~TARPON SPRINGS FL 34689~~

Mailing Address
~~1396 SHADY OAK LANE~~
~~TARPON SPRINGS FL 34689~~

3. Date Incorporated or Qualified: 07/31/1995
3a. Date of Last Report:

2. Principal Place of Business
21 3061 Alt. 19 North
Suite, Apt. #, etc.
22
City & State
23 PALM HARBOR, FL
Zip
24 34683
County
25 Pinellas

2a. Mailing Address
26 P.O. Box 492
Suite, Apt. #, etc.
27
City & State
28 PALM HARBOR, FL
Zip
29 34682
Country
30 Pinellas

4. FEI Number — [X] 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**

~~ALLEN, PAUL~~
1396 SHADY OAK LANE
TARPON SPRINGS FL 34689

10. **Name and Address of New Registered Agent**

81 Name: PAUL ALLEN CIANCI
82 Street Address (P.O. Box Number is Not Acceptable): 1396 Shady OAK Lane
83
84 City: TARPON SPRINGS
FL
85 Zip Code: 34689

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: Paul Allen Cianci
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	ALLEN, PAUL	
STREET ADDRESS	1396 SHADY OAK LANE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
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		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	[X] Change [ ] Addition
1.2 NAME	PAUL Allen Cianci	
1.3 STREET ADDRESS	1396 Shady OAK LANE	
1.4 CITY-ST-ZIP	TARPON Springs, FL 34689	
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		

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Sp 5/1/96

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul A Cianci — 4/19/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #