

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
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DOCUMENT # P95000059942 (9)

1. Corporation Name

TAPEWORM STUDIOS, INC.



Principal Place of Business	Mailing Address
3236 NORTHWEST 41 STREET MIAMI FL 33142	POST OFFICE BOX 451232 MIAMI FL 33245-1232

3. Date Incorporated or Qualified 08/03/1995 3a. Date of Last Report N/A

2. Principal Place of Business	2a. Mailing Address
21 14487 NE 20 AVE	26
Suite, Apt #, etc	Suite, Apt #, etc.
22	27
City & State	City & State
23 Miami FL	28
Zip	Country
24 33181	25 USA
	29
	30

4. FEI Number	Applied For
65-0599682	Not Applicable
5. Certificate of Status Desired	<input checked="" 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. 199.03?, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

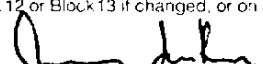
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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 resigning) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	ROMEY, CHRISTIAN
STREET ADDRESS	3236 NORTHWEST 41 STREET
CITY-ST-ZIP	MIAMI FL 33142
TITLE	VD
NAME	BOWKER, TOM
STREET ADDRESS	3236 NORTHWEST 41 STREET
CITY-ST-ZIP	MIAMI FL 33142
TITLE	SD
NAME	GONDAR, JULIO
STREET ADDRESS	3236 NORTHWEST 41 STREET
CITY-ST-ZIP	MIAMI FL 33142
TITLE	TD
NAME	BOUDET, MIKE
STREET ADDRESS	3236 NORTHWEST 41 STREET
CITY-ST-ZIP	MIAMI FL 33142
TITLE	D
NAME	DU BOIS, JEREMY
STREET ADDRESS	3236 NORTHWEST 41 STREET
CITY-ST-ZIP	MIAMI FL 33142
TITLE	D
NAME	SERAFINI, ANDRE
STREET ADDRESS	3236 NORTHWEST 41 STREET
CITY-ST-ZIP	MIAMI FL 33142

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 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:  Jeremy J DuBois 7/8/96 (305) 944-1271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)