

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000082761 (4)

1. Corporation Name

MARK LEVIN PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

2030 S OCEAN BLVD #2201
HALLANDALE FL 33009

P O BOX 2784
HALLANDALE FL 33008

97 SEP 17 AM 10:21



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/25/1995	12/30/1996
4. FEI Number	Applied For
65-0617836	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 1402 E. las Olas

26 SAME as new Business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #807

27 Address

City & State

City & State

23 Ft. Lauderdale, Fl.

28

Zip

Country

Zip

Country

24 33301

25

U.S.A.

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVIN, MARK
2030 S OCEAN BLVD #2201
HALLANDALE FL 33009

81 Name	82 Street Address (P.O. Box Not Applicable)	83	84 City	85 Zip Code
	1402 E. Las Olas #807		Ft. Lauderdale, Fl.	33301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	OD LEVIN, MARK	2030 SOUTH OCEAN DR., #2201	HALLANDALE FL 33009	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
				<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
				<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
				<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
				<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
	Same	1402 E. Las Olas #807	Ft. Lauderdale, Fl. 33301	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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 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.

CR2E034 (4/97)

(2)

mark levin productions, inc.

September 12, 1997

Annual reports Filings
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Per my conversation with one of your representatives, I am enclosing a filing fee in the amount of \$165.00 re my Corporation.

Business has taken me abroad and out of the state on and off, for the past several weeks, and I never recall receiving the filing due in May.

I moved, and thus, had a change of address last March, 1997. I just received this second notice at the correct address on my return to Florida.

I respectfully request that you delete the late filing fee in view of the circumstances. My business in Florida is virtually a new one, and income generated is currently minimal, although future prospects, are brighter, due to my travelling to promote new business down here.

Thank you for your co-operation and consideration.



MARK LEVIN

Mark Levin Productions, Inc.