SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # **P95000086128 (2)**

1. Corporation Name
SPYCOM PRODUCTIONS, INC.

Principal Place of Business
P.O. BOX 2411
ORANGE PARK FL 32067-2411

Mailing Address
P.O. BOX 2411
ORANGE PARK FL 32067-2411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/03/1995

4. FEI Number
59-3368306
[ ] 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 owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
GOLDMAN, NATHAN D
50 N. LAURA STREET
SUITE 2750
JACKSONVILLE FL 32202

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
(Both Registered Agent Signature and Date required for Change of Registered Agent) (Both Registered Agent Signature and Date required for Resignation) DATE

12. OFFICERS AND DIRECTORS

TITLE D [ ] DELETE
NAME MCGLAUGHLIN, FLINT
STREET ADDRESS 3030 HARTLEY ROAD, SUITE 190
CITY ST ZIP JACKSONVILLE FL 32257

TITLE D [ ] DELETE
NAME BRUT, ADAM H
STREET ADDRESS 503 PARKER ST
CITY ST ZIP JACKSONVILLE FL

TITLE D [ ] DELETE
NAME HOLLIS, AUSTIN J
STREET ADDRESS 2974 HARTLEY RD WEST
CITY ST ZIP JACKSONVILLE FL

TITLE D [ ] DELETE
NAME CRENSHAW, TERRY
STREET ADDRESS 7231 CEDAR POINT RD
CITY ST ZIP JACKSONVILLE FL

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

11 TITLE D [✓] Change [ ] Add
12 NAME MCGLAUGHLIN, FLINT
13 STREET ADDRESS 1409 KINGSLEY AV., BUILDING #2
14 CITY ST ZIP ORANGE PARK FL 32073

21 TITLE [ ] Change [ ] Add
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

31 TITLE [ ] Change [ ] Add
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

41 TITLE [ ] Change [ ] Add
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE [ ] Change [ ] Add
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE [ ] Change [ ] Add
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

14. I 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.

SIGNATURE(S)

CR2E022 (5/95)