

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000094921 (0)
 1. Corporation Name
IF PRODUCTIONS, INC.



Principal Place of Business 1675 BUENA VISTA DRIVE STE 505 LAKE BUENA VISTA FL 32830	Mailing Address 500 S. BUENA VISTA ST BURBANK CA 91521-0586
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/14/1995	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-3399877	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LOPPOLO, FRANK S 1375 BUENA VISTA DRIVE 4TH FLOOR NORTH LAKE BUENA VISTA FL 32830				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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	y <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELROD, THOMAS R	1.2 NAME	Haber, Lawrence H.
STREET ADDRESS	1675 BUENA VISTA DRIVE	1.3 STREET ADDRESS	1675 Buena Vista Drive
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830	1.4 CITY-ST-ZIP	Lake Buena Vista, FL 32830
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITVACK, SANFORD M	2.2 NAME	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91521	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, MARSHA L	3.2 NAME	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91521	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUETTNER, ANNE L	4.2 NAME	
STREET ADDRESS	500 S. BUENA VISTA ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91521	4.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANFORD, JAMES D	5.2 NAME	
STREET ADDRESS	500 S. BUENA VISTA ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91521	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	y
STREET ADDRESS		6.3 STREET ADDRESS	Muenchow, Debra A.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	1675 Buena Vista Drive Lake Buena Vista, FL 32830

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: **Marsha L. Reed, Secretary** *[Signature]* **4.12.98** (818) 560-1000

CR2E034 (10/97)