

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000003769 (2)

1. Corporation Name
SIGHTLINE STUDIOS, INC.



Principal Place of Business 527 E UNIVERSITY AVE GAINESVILLE FL 32601	Mailing Address 527 E UNIVERSITY AVE GAINESVILLE FL 32601-5451
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2. Principal Place of Business 21 Starke, Florida Suite, Apt. #, etc. 22 18052 N. US Hwy 301 City & State 23 Starke FL Zip 24 32091 Country 25 USA		2a. Mailing Address 26 Route 5, Box 7960 Suite, Apt. #, etc. 27 City & State 28 Starke, FL Zip 29 32091 Country 30 USA		3. Date Incorporated or Qualified 01/08/1996	3a. Date of Last Report This is 1st Report
4. FEI Number 59-3362338		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent TOVKACH, WALTER M 527 E UNIVERSITY AVE GAINESVILLE FL 32601		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	
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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 (NOT: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	TOVKACH, WALTER M				
STREET ADDRESS	527 E UNIVERSITY AVE				
CITY-ST-ZIP	GAINESVILLE FL 32601				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	Dennis Mac Donald				
1.3 STREET ADDRESS	1424 NW 12th Road				
1.4 CITY-ST-ZIP	Gainesville FL 32605				
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	Andrew J. Kunzie				
2.3 STREET ADDRESS	3378 Drew Court				
2.4 CITY-ST-ZIP	Middleburg FL 32068				
3.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME	Leonard Weinbaum				
3.3 STREET ADDRESS	10801 SE 146th Terrace Road				
3.4 CITY-ST-ZIP	Ocklawaha, FL 32179				
4.1 TITLE	Chief Financial Officer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME	Joel H. Garrett				
4.3 STREET ADDRESS	4222 SW 94th Drive				
4.4 CITY-ST-ZIP	Gainesville, FL 32608				
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 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:

[Signature]

4/21/97 904-964-7005

CR2E034 (9/96)