


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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90076 029 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P96000043425**

1. Corporation Name  
**KRUPNICK STUDIO, INC.**

Principal Place of Business <b>101 SO VICTORIA PARK ROAD FORT LAUDERDALE FL 33301</b>	Mailing Address <b>101 SO VICTORIA PARK ROAD FORT LAUDERDALE FL 33301</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>421 NE 14TH AVE</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>421 NE 14TH AVE</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>05/14/1996</b>	
22 <b>FT. LAUDERDALE FL</b> City & State		27 <b>FT LAUDERDALE FL</b> City & State		4. FEI Number <b>65-0672120</b>	
23 <b>33301 BROWARD</b> Zip Country		28 <b>33301 BROWARD</b> Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24		25		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
29		30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KRUPNICK, KIM 101 SO VICTORIA PARK ROAD FORT LAUDERDALE FL 33301</b>				10. Name and Address of New Registered Agent			
				81 Name <b>KRUPNICK, KIM</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>421 NE 14TH AVE</b>			
				83 <b>FORT LAUDERDALE</b>			
				84 City <b>FL</b>			
				85 Zip Code <b>33301</b>			

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 *Kim Ray Krupnick* (NOTE: Registered Agent signature required when reinstating) DATE 1.29.99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MICHAEL J. KRUPNICK</b>		1.2 NAME <b>MICHAEL KRUPNICK</b>	
STREET ADDRESS <b>101 S. VICTORIA PARK RD.</b>		1.3 STREET ADDRESS <b>421 NE 14TH AVE</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>		1.4 CITY-ST-ZIP <b>FT LAUD. FL 33301</b>	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KIM RAY KRUPNICK</b>		2.2 NAME <b>KIM RAY KRUPNICK</b>	
STREET ADDRESS <b>101 S. VICTORIA PARK RD.</b>		2.3 STREET ADDRESS <b>421 NE 14TH AVE</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>		2.4 CITY-ST-ZIP <b>FT LAUD. FL 33301</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, with all other like empowered.

SIGNATURE: *Kim Ray Krupnick* DATE 1.29.99 DAYTIME PHONE # 954 764 4011

CR2E034 (11/98)