
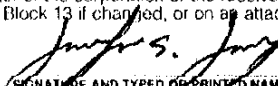


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000047785 (6)					
1. Corporation Name SABRINA PRODUCTIONS, INC.					
Principal Place of Business 4821 COCONUT CREEK PARKWAY, SUITE 112 COCONUT CREEK FL 33063			Mailing Address 4821 COCONUT CREEK PARKWAY, SUITE 112 COCONUT CREEK FL 33063-3944		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/05/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-067-2622	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134			10. Name and Address of New Registered Agent		
81. Name			82. Street Address (P.O. Box Number is Not Acceptable)		
83. City			84. 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					
11. TITLE					
12. NAME					
13. STREET ADDRESS					
14. CITY - ST - ZIP					
21. TITLE					
22. NAME					
23. STREET ADDRESS					
24. CITY - ST - ZIP					
31. TITLE					
32. NAME					
33. STREET ADDRESS					
34. CITY - ST - ZIP					
41. TITLE					
42. NAME					
43. STREET ADDRESS					
44. CITY - ST - ZIP					
51. TITLE					
52. NAME					
53. STREET ADDRESS					
54. CITY - ST - ZIP					
61. TITLE					
62. NAME					
63. STREET ADDRESS					
64. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)

4/28/1997/954537-3480