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Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90013 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000064790

1. Corporation Name
CADENCE ENTERTAINMENT, INC.



Principal Place of Business 1426 N.W. 25TH TERRACE GAINESVILLE FL 32605	Mailing Address 1426 N.W. 25TH TERRACE GAINESVILLE FL 32605
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3700 N. W. 91st Street Suite, Apt. #, etc. 22 C 200 City & State 23 Gainesville, Florida Zip Country 24 32606 25 U.S.A.		2a. Mailing Address 26 3700 N. W. 91st Street Suite, Apt. #, etc. 27 C 200 City & State 28 Gainesville, Florida Zip Country 29 32606 30 U.S.A.		3. Date Incorporated or Qualified 08/01/1996	4. FEI Number 59-3390444 Applied For Not Applicable	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	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent CRAWFORD, PATRICIA A 1426 N.W. 25TH TERRACE GAINESVILLE FL 32605		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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P/C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, PATRICIA	1.2 NAME	
STREET ADDRESS	1426 N.W. 25TH TERRACE	1.3 STREET ADDRESS	CRAWFORD, PATRICIA A 1426 N.W. 25th TERRACE GAINESVILLE, FL 32605
CITY-ST-ZIP	GAINESVILLE FL 32605	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, GRAHAM	2.2 NAME	HENDERSON, GRAHAM
STREET ADDRESS	18815 LASSEN STREET	2.3 STREET ADDRESS	18815 LASSEN STREET
CITY-ST-ZIP	NORTHBRIDGE CA 91324	2.4 CITY-ST-ZIP	NORTHBRIDGE, CA 91324
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	M/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRWAFORD, WALLACE J J	3.2 NAME	CRAWFORD, WALLACE J JR.
STREET ADDRESS	1426 NW 25TH TERRACE	3.3 STREET ADDRESS	1426 N. W. 25th TERRACE
CITY-ST-ZIP	GAINESVILLE FL 32605	3.4 CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V/D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	CRAWFORD, ROBERT
STREET ADDRESS		4.3 STREET ADDRESS	3634 N. W. 51st TERRACE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V/D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	ELRAD, RANDI K.
STREET ADDRESS		5.3 STREET ADDRESS	8205 S. W. 44th TERRACE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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: *Patricia Crawford*

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

March 22, 1999 374-222

Date Daytime Phone #