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May 09 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 # P96000071408 (4)

1. Corporation Name
MADD FLAVA PRODUCTIONS, INC.

Principal Place of Business
140 EAST BAY STREET
JACKSONVILLE FL 32202

Mailing Address
140 EAST BAY STREET
JACKSONVILLE FL 32202-3415



2. Principal Place of Business
21 1175 Kings Rd
Suite, Apt. #, etc.
22 Jax. Fla.
City & State
23
Zip
24 32205
Country
25 U.S.
2a. Mailing Address
26 821 Victoria St
Suite, Apt. #, etc.
27 Jax. Fla.
City & State
28
Zip
29 32206
Country
30 U.S.

3. Date Incorporated or Qualified
08/28/1996
3a. Date of Last Report
4. FEI Number
Applied For
Not Applicable
5. Certificate of Status Desired
8.75 Additional
Fee Required
6. Election Campaign Financing
Trust Fund Contribution
5.00 May Be
Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes
Yes No

9. Name and Address of Current Registered Agent
WALKER, WILLIE J ESQ.
140 EAST BAY STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 fee, 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	1.1 TITLE	
NAME	WHITE, LAMAR	1.2 NAME	
STREET ADDRESS	821 VICTORIA STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	WHITE, BELINDA	2.2 NAME	
STREET ADDRESS	821 VICTORIA STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	LEE, JEFF	3.2 NAME	J.C. Sims
STREET ADDRESS	354-1 VICTORIA PARK ROAD	3.3 STREET ADDRESS	9525 Scadlocke Rd
CITY-ST-ZIP	JACKSONVILLE FL 32281	3.4 CITY-ST-ZIP	Jax. Fla. 32208
TITLE	D	4.1 TITLE	
NAME	WHITE, WILLIAM	4.2 NAME	
STREET ADDRESS	821 VICTORIA STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	WHITE, CHAUNA	5.2 NAME	Roma Leon
STREET ADDRESS	821 VICTORIA STREET	5.3 STREET ADDRESS	2612 Beaverbrook Place
CITY-ST-ZIP	JACKSONVILLE FL 32208	5.4 CITY-ST-ZIP	Jax. Fla. 32205
TITLE	D	6.1 TITLE	
NAME	LEON, ANTONIO	6.2 NAME	
STREET ADDRESS	2612 BEAVERBROOK PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	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: Belinda White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4-29-97 (904) 632-1300
Daytime Phone: 002802

CR2E034 (9/96)