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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000076713 (2)

AVATAR LITERARY AGENCY, INC.

Principal	Place	of Bus	iness

Mailing Address

3210 EMERALD POINTE DR. SUITE 105-B

3210 EMERALD POINTE DR. SUITE 105-B

FILED Feb 03 1997 8:00am Secretary of State

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HOLLYWOOD F	L 33021	HOLLYWOOD FL 33021-1326								
•					3. Date Incorporated or Qualified 3a 09/13/1996		. Date of Last Report			
	lace of Business	28. Mailing Address				4. FEI Number	-L		Applied For	
21 1/200	O GriffIN ROAD	26 4611 Sour	TH UN	140	rity Ol	e. 650701920			Not Applicable	
Suite, Apt	#, etc	27 Suite 43	Suite 438			6 Cartificate of Status Desired 38.7			75 Additional e Required	
City & State	ate City & State					6, Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees	
Zip 24 333			Countr		s.A	8. This corporation has liability fee. Florida Statutes		tax und] No	er s. 199.032,	
	g. Name and Address of Current	Registered Agent				10. Name and Address of New Re	platered /	Agent		
	D, ALLEN P		8	1 N	ame	,				
	NE 162ND ST, SUITE 200		8:	2 \$	treet Addre	ess (P.O. Box Number is Not Acceptab	le)			
NOR	ITH MIAMI BEACH FL 33162									
			8:	3						
			8-		ity		FL		Zıp Code	
office or re agent. I a	to the provisions of Sections 607.0502 egistored agent, or both, in the State or familiar with, and accept the obliga	and 607.1508, Florida Statute of Florida. Such change was a lions of, Section 607.0505, Flori ions of the florida in the flori	es, the abo uthorized t rida Statuti	ve-na by the es.	arried corpo e corporatio	oration submits this statement for the pon's board of directors. I hereby accep	urpose of It the app	changir ointmen	ng its registered t as registered	
SIGNATURE	Signature hypino or printed traine of registered agen	rand title if applicable (NOTE	: Registered A	oent sit	onature required	d when reinstating)	DATE			
12.	OFFICERS AND		13.		9	ADDITIONS/CHANGES TO OFFIC		DIREC	TORS IN 12	
, TITLE	PSD	☐ DELETE	1.1 TITLE		***************************************			Char		
NAME	Brodsky, Karen		1.2 NAME							
STREET ADDRESS	3210 EMERALD POINTE DR, SL	ITTE 105-B	1.3 STREE	ET ADD	RESS					
CITY - \$1 - ZIP	HOLLYWOOD FL 33021		1.4 CITY-	ST-ZII	P					
TITLE		☐ DELETE	2.1 TITLE					Char	ige Addition	
NAME			2.2 NAME							
STREET ADDRESS			2.3 STREE	ET ADD	RESS					
CITY - ST - ZIP			2. 4 CITY	- ST - ZI	IP .		- 1			
TITLE		☐ DELETE	3.1 TITLE					Char	nge 🔲 Addition	
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREE	ET ADD	RESS					
-CITY - ST - ZIP			3.4 CITY	- 51-21	P					
TITLE		L DELETE	4.1 TITLE					Char	nge Addition	
NAME			4. 2 NAM	E						
STREET ADDRESS			4.3 STREE	ET ADD	RESS					
CITY - ST - 7IP			4.4 CITY		Р		·			
TITLE		☐ DELETE	5.1 TITLE					Char	nge Addition	
NAME			5.2 NAME							
STREET ADDRESS			53 STREI	ET ADD	RESS					
CITY-ST-7IP			5.4 CITY-	ST-ZII	P					
TITLE		☐ DELETE	6.4 TITLE					☐ Char	nge 🔲 Addition	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	CCA T	RESS					
CITY-ST-ZIP			6.4 CITY-	ST-ZII	P					
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4. 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:

ATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIJECTOR

3/97 9545834262