

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

FILED
Apr 28 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 # P96000080472 (9)

1. Corporation Name
SECOND MILLENNIUM PRODUCTIONS, INC.

Principal Place of Business
5297 NORTHEAST 1ST AVENUE
FT. LAUDERDALE FL 33336

Mailing Address
5297 NORTHEAST 1ST AVENUE
FT. LAUDERDALE FL 33334-1601



2. Principal Place of Business 21 5297 N.E. 1 AVE Suite, Apt. #, etc.		2a. Mailing Address 26 5297 N.E. 1 AVE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/27/1996		3a. Date of Last Report	
22 City & State 23 Ft. Lauderdale Fl.		27 City & State 28 Ft. Lauderdale Fl.		4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
24 33334 25 U.S.A.		29 33334 30		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
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		NOTE: Registered Agent signature required when reinstating		DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PSTD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition						
NAME	SUMMERVILLE, TERRY		1.2 NAME								
STREET ADDRESS	5297 NORTHEAST 1ST AVENUE		1.3 STREET ADDRESS								
CITY-ST-ZIP	FT. LAUDERDALE FL 33336		1.4 CITY-ST-ZIP								
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition						
NAME			2.2 NAME								
STREET ADDRESS			2.3 STREET ADDRESS								
CITY-ST-ZIP			2.4 CITY-ST-ZIP								
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 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:

TERRY SUMMERVILLE

4.21.97. PM. 954
Phone 351-8432

CR2E034 (9/96)