

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

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Apr 15 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 # P96000085594 (5)

1. Corporation Name  
SHOBIZPRO ENTERTAINMENT, INC.



Principal Place of Business  
6543 DOUBLETRACE LANE  
ORLANDO FL 32819

Mailing Address  
6543 DOUBLETRACE LANE  
ORLANDO FL 32819-4653

3. Date Incorporated or Qualified  
10/14/1996

3a. Date of Last Report

2. Principal Place of Business  
21 5310 FAYWOOD COURT  
Suite, Apt. #, etc.  
22 EXECUTIVE SUITE  
City & State  
23 ORLANDO, FL  
Zip  
24 32819

2a. Mailing Address  
26 5310 FAYWOOD COURT  
Suite, Apt. #, etc.  
27 EXECUTIVE SUITE  
City & State  
28 ORLANDO, FL  
Zip  
29 32819

Country  
25 ORANGE  
30 ORANGE

4. FEI Number  
59-3404810

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  
MALICK, KEITH I  
6543 DOUBLETRACE LANE  
ORLANDO FL 32819

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
5310 FAYWOOD COURT  
83 EXECUTIVE SUITE  
84 City  
ORLANDO FL 85 Zip Code  
32819

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: KEITH I. MALICK / Keith I. Malick 1/15/97  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MALICK, KEITH I	
STREET ADDRESS	6543 DOUBLETRACE LANE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MALICK, KEITH I.	
1.3 STREET ADDRESS	5310 FAYWOOD COURT	
1.4 CITY-ST-ZIP	ORLANDO, FL 32819	
2.1 TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RUTH R. MALICK	
2.3 STREET ADDRESS	5310 FAYWOOD COURT	
2.4 CITY-ST-ZIP	ORLANDO, FL 32819	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: KEITH I. MALICK / Ruth R. Malick 1/15/97 407-876-1646  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)