

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

FILED

Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P96000086936 (7)

1. Corporation Name
U R THERE PRODUCTIONS, INC.



Principal Place of Business 700 E DANIA BCH BLVD #202 DANIA FL 33004 US	Mailing Address 1323 SE 17TH ST STE #308 FORT LAUDERDALE FL 33316 US
---	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 700 E. DANIA BCH BLVD Suite, Apt. #, etc. 22 #202 City & State 23 DANIA FL Zip 24 33004		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 10/22/1996	
		4. FEI Number 65-0733673		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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent VOLLAND, MARTIN S 550 SE 13TH ST APT 202 DANIA FL 33004				10. Name and Address of New Registered Agent 81 Name VOLLAND, MARTIN S 82 Street Address (P.O. Box Number is Not Acceptable) 402 SE. 6TH ST. 83 84 City DANIA 85 Zip Code 33004			
---	--	--	--	--	--	--	--

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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NOLAN, BRAD			1.2 NAME			
STREET ADDRESS	1323 SE 17TH ST STE 308			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			1.4 CITY-ST-ZIP			
TITLE	VPST	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VOLLAND, MARTIN S			2.2 NAME	VOLLAND, MARTIN		
STREET ADDRESS	550 SE 13TH ST APT 202			2.3 STREET ADDRESS	402 SE. 6TH ST		
CITY-ST-ZIP	FT LAUDERDALE FL			2.4 CITY-ST-ZIP	DANIA, FL 33004		
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STRICKER, JOHN			3.2 NAME			
STREET ADDRESS	23918 LAWRENCE RD			3.3 STREET ADDRESS			
CITY-ST-ZIP	HARVARD IL			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 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: Martin S. Volland / MARTIN S. VOLLAND

4/20/98

954-929-5048

CR2E034 (10/97)