

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90191 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000032334

1. Corporation Name
POSTURBAN PRODUCTIONS, INC.

Principal Place of Business 800 N MIAMI AVE STE 1506 MIAMI FL 33136	Mailing Address 800 N MIAMI AVE STE 1506 MIAMI FL 33136
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7200 N.W. 7 Street	2a. Mailing Address 26 7200 N.W. 7 Street
Suite, Apt. #, etc. 22 Suite 320	Suite, Apt. #, etc. 27 Suite 320
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33126	Country 25 U.S.

3. Date Incorporated or Qualified 04/09/1997	Applied For <input type="checkbox"/> No, Applicable
4. FEI Number 65-0743400	
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 the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**HIBSHMAN, EDWARD L
800 N MIAMI AVE STE 1506
MIAMI FL 33136**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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	PSTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALVERSTADT, J P	1.2 NAME	
STREET ADDRESS	800 N MIAMI AVE STE 1506	1.3 STREET ADDRESS	7200 NW 7 street, Suite 320
CITY-ST-ZIP	MIAMI FL 33136	1.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIBSHMAN, EDWARD	2.2 NAME	
STREET ADDRESS	800 N MIAMI AVE STE 1506	2.3 STREET ADDRESS	7200 N.W. 7 Street, Suite 320
CITY-ST-ZIP	MIAMI FL 33136	2.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUIG, RAUL	3.2 NAME	
STREET ADDRESS	800 N MIAMI AVE STE 1506	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33136	3.4 CITY-ST-ZIP	
TITLE		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		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		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 representative 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, with all other like empowered.

SIGNATURE: _____ Date: _____ Daytime Phone #: _____

CR2E034 (11/98)