


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

FILED

Jun 04 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 # P97000040494 (1) 1. Corporation Name FORCE ONE STUDIO, INC.			
Principal Place of Business 20019 NW 34TH COURT CAROL CITY FL 33056		Mailing Address 20019 NW 34TH COURT CAROL CITY FL 33056	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 20019 NW 34th Ct Suite, Apt. #, etc. 22 House City & State 23 CAROL CITY FL Zip 24 33056 Country 25 MIAMI		2a. Mailing Address 26 20019 NW 34th Ct Suite, Apt. #, etc. 27 House City & State 28 CAROL CITY FL Zip 29 33056 Country 30 MIAMI	
3. Date Incorporated or Qualified 05/06/1997		4. FEI Number 650751443	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. 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		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 HELDRE, RATIOUS 20019 NW 34TH COURT CAROL CITY FL 33056		10. Name and Address of New Registered Agent 81 Name HELDRE RATIOUS 82 Street Address (P.O. Box Number is Not Acceptable) 20019 NW 34th Ct 83 84 City CAROL CITY FL 85 Zip Code 33056	
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 Patricia Helms Darren Canton DATE 4/24/98 (Notice: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HELDRE, RATIOUS 20019 NW 34TH COURT CAROL CITY FL 33056 <input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP	C DARREN CANTON 7125 NW 186th MIAMI FL 33015 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DARIN LEWIS 3580 NW 189th St CAROL CITY FL 33056 <input checked="" type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Patricia Helms SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 5/18/98 Daytime Phone # 0147616	

CR2E034 (10/97)