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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000049114 (6)

PARALLAX ENTERTAINMENT, INC.

Principal Place of Business Mailing Address 2620 NW 67 ST 2620 NW 67 ST MIAMI FL 33147 MIAMI FL 33147 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/03/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0798241 Not Applicable Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THOMPSON, CHARLES JR. 2620 NW 67 ST Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33147** 83 84 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. April 24 1998 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Vice President Change Addition TITLE Robert Herry 2620 N.W. 67 st. 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-\$1-2IP CITY-ST-ZIP Minmi Florida 33147 DELETE Change Addition TITLE 2.1 TITLE Executive Assistant NAME Rita Burroughs 2620 NW, 67H STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Miami Florila 37/47 CITY-ST-2IP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 1 19.07(3)(4) Holida 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 13 if changed, or on an attachment with an address.

4 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

61 TITLE

62 NAME

DELETE

DELETE

4.4 CITY - ST - ZIP

53 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

CIONATURE: 1/2/5 & //

NAME

TITLE NAME

STREET ADDRESS CITY+ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Day 1 741000 (200) 825-7006

700002517607 -05/08/98--01092--009

Change

Change

___ Addition

FILED

May 08 1998 8:00am

Secretary of State

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