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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700060294

1. Corporation Name

PROGRESSIVE SCENIC STUDIO, INC.

Principal Place of Business	Mailing Address	
6103 ANNO AVE ORLANDO FL 32809	6103 ANNO AVE ORLANDO FL 32809	
2. Principal Place of Business	2a. Mailing Address	
15652 COMMERCE DR.	26 5652 COMMERCE No. Suite, Apt. #, etc.	
Suite, Apt. #, etc.	Suite, Apr. #, etc.	
22 Suits at 1	27 S() TF	
City & State 23 OR AND	City & State	

May 03, 1999 8:00 am Secretary of State

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ORLANDO FL 32809 ORLANDO FL 32809 ORLANDO FL 32809 DO NOT WRITE 3. Date Incorporated or Qualifed O7/10/1997 4. FEI Number 59-3455765 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 23 ORLANDO City & State City & State City & State City & State 30 ORLANDO City & State 30 ORLANDO City & State 31 ORLANDO 22 Ountry 24 ORBANDO 9. Name and Address of Current Registered Agent GRESS, JACOUELINE L 133B SPRINGWOOD CIR LONGWOOD FL 32750 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purifice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept to agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Signature, Speed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE INTILE PD ORESS, JACQUELINE 133B SPRINGWOOD CIR 13 STREETADDRESS STREET ADDRESS	gistered Ag	\$8.7 Fee \$5. Add ngible Yes gent	Not A '5 Ad e Requ 00 M led to	Applicable ditional uired lay Be Fees No
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24 3 8 3 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GRESS, JACQUELINE L 133B SPRINGWOOD CIR LONGWOOD FL 32750 83 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purposition of corporation of directors. I hereby accept to 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 Signature, typed or printed name of registered agent and title if applicable TILE PD DELETE 1.1 TITLE PD GRESS, JACQUELINE STREET ADDRESS 133B SPRINGWOOD CIR 150. Name and Address of New Registered Agent Address (P.O. Box Number is Not Acceptable agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE AME AGENT ADDRESS 133B SPRINGWOOD CIR	gistered Ag ie) FL umose of ch	Yes gent	Zip Co	nde
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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, with all other like empowered.

6.4 CITY+ST-ZIP

SIGNATURE: