

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

FILED
May 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000072140 (1)**

1. Corporation Name
ONE HEART PRODUCTIONS, INC.



Principal Place of Business 380 LOS ALTOS WAY #204 ALTAMONTE SPRINGS FL 32714	Mailing Address 380 LOS ALTOS WAY #204 ALTAMONTE SPRINGS FL 32714
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 234 EMORY STREET Suite, Apt. #, etc. 22 ORLANDO FL City & State 23 Zip 24 32804 Country 25 ORANGE		2a. Mailing Address 26 PO Box 540151 Suite, Apt. #, etc. 27 City & State 28 ORLANDO FL Zip 29 32854 Country 30 ORANGE		3. Date incorporated or Qualified 08/19/1997	
		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
		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	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SAMUELS, RYANNA
380 LOS ALTOS WAY #204
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent
81 Name **Mario Hostios**
82 Street Address (P.O. Box Number is Not Acceptable)
234 EMORY ST
83
84 City **ORLANDO** FL 85 Zip Code **32804**

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 *Mario Hostios*
Signature typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/27/98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT & D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILDEBRAND, DEBORAH			1.2 NAME	Hildebrand Deborah		
STREET ADDRESS	11431 ZODIAC DRIVE			1.3 STREET ADDRESS	234 EMORY STREET		
CITY-ST-ZIP	ORLANDO FL 32837			1.4 CITY-ST-ZIP	ORLANDO FL 32804		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VICE PRES OF PRODUCTION	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PAYBERG, HOLLY			2.2 NAME	TIFFANI D. CORRE		
STREET ADDRESS	4303 LONG KEY LANE #1828			2.3 STREET ADDRESS	234 EMORY STREET		
CITY-ST-ZIP	WINTER PARK FL 32792			2.4 CITY-ST-ZIP	ORLANDO FL 32804		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VICE PRES & OPERATOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TARR, AMY			3.2 NAME	MARIO HOSTIOS		
STREET ADDRESS	11431 ZODIAC DRIVE			3.3 STREET ADDRESS	234 EMORY STREET		
CITY-ST-ZIP	ORLANDO FL 32837			3.4 CITY-ST-ZIP	ORLANDO FL 32804		
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 *[Signature]* **4/27/98**

CR2E034 (10/97)