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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris

FILED
99 APR -1 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000093579

1. Corporation Name

Production Network Leasing, Inc.

Principal Place of Business

5383 Alton Rd.
Miami Beach, FL
33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: December 1, 1997

4. FEI Number: 65-0792206 [ ] Applied For [ ] Not Applicable

$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. The corporation owes the current year intangible personal property tax [ ] Yes [X] No

2. Principal Place of Business

21 | 22 Suite, Apt #, etc | 23 City & State | 24 Zip | 25 Country

2a. Mailing Address

26 | 27 Suite, Apt #, etc | 28 City & State | 29 Zip | 30 Country

9. Name and Address of Current Registered Agent

Kris Buchholz
5383 Alton Rd.
Miami Beach, FL
33140

10. Name and Address of New Registered Agent

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] KRIS BUCHHOLZ TREASURER 3-29-99

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Douglas Buchholz
STREET ADDRESS	7910 W. 115th St.
CITY-ST-ZIP	Overland Park, KS 66210
TITLE	Vice President
NAME	Kathy Buchholz
STREET ADDRESS	5383 Alton Rd.
CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	Treasurer
NAME	Kris Buchholz
STREET ADDRESS	5383 Alton Rd.
CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

900002885913---1
-04/09/99--01091--005
****150.00 ****150.00

4/1/99

CR2E034 (11/98)

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.

SIGNATURE: [signature] KRIS BUCHHOLZ TREAS. 3-29-99 (305)861-8633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR