

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 23, 1999 8:00 am
Secretary of State

09-23-1999 90008 020 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000099875 ✓

1. Corporation Name
KELLER MONASH PRODUCTIONS, INC.



Principal Place of Business 7491 NORTH FEDERAL HWY #C-5, SUITE 272 BOCA RATON FL 33487	Mailing Address 7491 NORTH FEDERAL HWY #C-5, SUITE 272 BOCA RATON FL 33487
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/24/1997

2. Principal Place of Business 21 PMB 272	2a. Mailing Address 26 PMB 272
Suite, Apt. #, etc. NORTH 7491-C5, FEDERAL HWY	Suite, Apt. #, etc. NORTH 7491-C5, FEDERAL HWY
City & State 23 BOCA RATON, FL.	City & State 28 BOCA RATON, FL.
Zip 24 33487	Country 25 USA

4. FEI Number 65-0802817	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MCCARTHY, WILLIAM
200 EAST PALMETTO PARK ROAD
SUITE 101
BOCA RATON FL 33432

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLER, MARK	
STREET ADDRESS	7491 N FEDERAL HWY, #C-5, STE 272	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DINWIDDIE, MICHAEL	
STREET ADDRESS	2 WASHINGTON SQ VILLAGE, APT 12-L	
CITY-ST-ZIP	NEW YORK NY 10012	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KELLER, MARK	
1.3 STREET ADDRESS	PMB 272, 7491-C5 N. FEDERAL HWY	
1.4 CITY-ST-ZIP	BOCA RATON, FL. 33487	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Mark Keller **SEPT. 14, 1999** 954-988-0077

CRZE034 (5/99)

619276-9008-20
P97 000099875

SEPT. 14, 1999 - TUESDAY

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED
A FIRST NOTICE OF
THE FILING FEE.

I DID SEND IN
A CHANGE OF ADDRESS,
AS I INDICATED ON
MY FORM. PERHAPS
THIS IS WHY I
NEVER RECEIVED MY
FIRST NOTICE.

THANK YOU, Mark
Heller