

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 13, 1999 8:00 am
Secretary of State

09-13-1999 90004 001 ***550.00

DOCUMENT # **P98000000632**

Corporation Name

OUR LOGO BY LEFTHAND PRODUCTIONS, INC.



Principal Place of Business

ELECTRONICS DR. #D14
MELBOURNE FL 32935

Mailing Address

P.O. BOX 36082
MELBOURNE FL 32936-0802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/01/1998	
4. FEI Number 59-3485922	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 BELL, CATHERINE 2885 ELECTRONICS DR. #D14 MELBOURNE FL 32935	
10. Name and Address of New Registered Agent 81 Name Bell Catherine 82 Street Address (P.O. Box Number is Not Acceptable) 720 St. Clair Street 83 84 City Melbourne FL 85 Zip Code 32935	

In accordance with 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 agent 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DESS	D BELL, CATHERINE 525 IMPERIAL AVENUE MELBOURNE FL 32935 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DESS	D CONRADIS, GILBERT 525 IMPERIAL AVENUE MELBOURNE FL 32935 <input type="checkbox"/> DELETE	1.2 NAME	
DESS	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
DESS	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
DESS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DESS	<input type="checkbox"/> DELETE	2.2 NAME	
DESS	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
DESS	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
DESS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DESS	<input type="checkbox"/> DELETE	3.2 NAME	
DESS	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
DESS	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
DESS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DESS	<input type="checkbox"/> DELETE	4.2 NAME	
DESS	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
DESS	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
DESS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DESS	<input type="checkbox"/> DELETE	5.2 NAME	
DESS	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
DESS	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
DESS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DESS	<input type="checkbox"/> DELETE	6.2 NAME	
DESS	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
DESS	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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 furnished 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 the 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

8-18-99

407-259-4266

CR2E034 (5/99)