


**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90278 040 \*\*\*158.75

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000021366</b>					
1. Corporation Name <b>4D PRODUCTIONS, INC.</b>					
Principal Place of Business <b>13014 N DALE MABRY HWY. #744</b> <b>TAMPA FL 33618</b>			Mailing Address <b>13014 N DALE MABRY HWY. #744</b> <b>TAMPA FL 33618</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country 24.					
2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country 29.					
3. Date Incorporated or Qualified <b>03/05/1998</b>					
4. FEI Number <b>59-3507781</b>					
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. Name and Address of Current Registered Agent <b>MAGRUDER, JOHN D</b> <b>4014 W WATERS AVE, #614</b> <b>TAMPA FL 33614</b>			10. Name and Address of New Registered Agent 81. Name <b>John D. Magruder</b> 82. Street Address (P.O. Box Number is Not Acceptable) <b>11173 EAST BANK DR.</b> 83. 84. City <b>TAMPA</b> FL 85. Zip Code <b>33617</b>		
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506 Florida Statutes. SIGNATURE <b>John D. Magruder</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>MARCH 4, 1999</b>					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE <b>PRESIDENT/CEO</b> NAME <b>John D. Magruder</b> STREET ADDRESS <b>13014 N. Dale Mabry #744</b> CITY-ST-ZIP <b>TAMPA, FL 33618</b>			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORRECTION:

MARCH 4, 1999

(703) 491-0764

April 6, 1999

SAME

CR2E034 (11/98)