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

0203486

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 MAY -3 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000047889**

1. Corporation Name
EXTREME FILMS INC.

Principal Place of Business	Mailing Address
75 NE 90TH ST MIAMI FL 33138	75 NE 90TH ST MIAMI FL 33138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/28/1998

4. FEI Number
65-0838587
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip Country
24 25

2a. Mailing Address
26 6310 GREENVALLEY CIR #103
Suite, Apt. #, etc.
27
City & State
28 CULVER CITY CA
Zip Country
29 90230 30

9. Name and Address of Current Registered Agent

THOMAS, ERNEST
75 NE 90TH ST
MIAMI FL 33138

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, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		[ ] DELETE	11 TITLE	P/M [ ] Change [✓] Add
NAME			12 NAME	ERNEST J. THOMAS
STREET ADDRESS			13 STREET ADDRESS	1129 W. 80TH ST.
CITY-ST-ZIP			14 CITY-ST-ZIP	LOS ANGELES, CA 90044
TITLE		[ ] DELETE	21 TITLE	V/P [ ] Change [✓] Add
NAME			22 NAME	IMANI SHAKUR
STREET ADDRESS			23 STREET ADDRESS	6310 GREENVALLEY CIR. #103
CITY-ST-ZIP			24 CITY-ST-ZIP	CULVER CITY, CA 90230
TITLE		[ ] DELETE	31 TITLE	[ ] Change [ ] Add
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		[ ] DELETE	41 TITLE	[ ] Change [ ] Add
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Add
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Add
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

SHAMROCK
-05/07/99--01104--020
****150.00 ****150.00

TCH 5/3/99

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 — Date

310 337-7174 — Daytime Telephone Number