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FILE	NOW:	<b>FILING</b>	FEE	<b>AFTER</b>	MAY	1ST I	S \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P9800005134	1
4 A	1 000000107	

Corporation Name

	net Productions (	snop internat	min	· ''	<i>"12.</i>
Principal Plac	e of Business	Mailing Address			
1021 COUNTRY COVE COURT OVIEDO FL 32766		1021 COUNTRY COVE COURT OVIEDO FL 32766			
•					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
<u> </u>		,			06/09/1998
· ·	Place of Business	2a. Mailing Address			4. FET Number Applied For
21		[26]			59-35/504/ Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc			5. Certificate of Status Desired [   \$8.75 Additional
22		[27]			5. Certificate of Status Desired Fee Required
City & Sta	ie –	City & State			6. Efection Campaign Financing \$5.00 May 8e
23 Zin		[28]	Commen		Trust Fund Contribution Added to Fees
Zip 24	Country	Zip	Country .		8. This corporation owes the current year Intangible Personal Property Tax  [1] Yes [1] Yes
24	25	[29] [3	0 (		Torochin Topicity Til
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Agent
AME	RILAWYER			Marile	
	ALMERIA AVENUE		82	Street	Address (P.O. Box Number is Not Acceptable)
COR	VAL GABLES FL 33134		83		
			"		
			84	City	85 Zip Code
44 Daywood	4. 46 - 200 (210 - 21 000 007 0000	007 4500 Ft-140 Ft-1 400	11	d	FL
office or r	registered agent, or both, in the State of	Florida Such change was auti	porized by t	-nameo Ihe corps	corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligate	ons of, Section 607.0505, Florid	a Statutes		
SIGNATURE	Signature, typed or printed name of registered agent a				regard when the string DATE
12.	OFFICERS AND		13.	Selection to	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PO	[] DELETE	11 Talue	1	[   Change   [   Addition
NAME 9	STODDARD, MICHAEL A	2	12 NAME	ļ	
STREET ADDRESS	1021 COUNTRY COVE COURT		13STREET.	ATITILE SS	
CITY-ST-ZIP	OVIEDO FL 32766		1.4 OH 1-ST	1	
TITLE	VD	DELETE	21 Tirle		VD Addition
NAME	STANDAL, MICHAEL E	• . • • • • •	22 NAME		
STREET ADDRESS	1021 COUNTRY COVE COURT		23518711	AFFENCE	RUDOI, DENNIS S 1467 Southwind Drive
CITY-ST-ZIP	OVIEDO FL 32766		2 4 6 6 7 - 81	I	Casselberry FL 32.707
TITLE	SD	[] DELETE	3.1.7HLF		Casselberry FL 32.707
NAME	RURKA, SAMUEL J	••	3.2 NAME	j	
STREET ADDRESS	1021 COUNTRY COVE COURT		335IREF1	ADDRES - Î	გიიიი28423186
CITY-ST-ZIP	OVIEDO FL 32766		34 City-S1	)	9000028423186 -04/16/9901078017
TITLE	TD	[ ] DELETE	4 1 THEF	•"	****150.00 [****150.00
NAME	RATIANO, ANTHONY J		4 2 NAME	[	
STREET ADDRESS	1021 COUNTRY COVE COURT		43 STREET	Anopess	
CITY-\$T-ZIP	OVIEDO FL 32766		4.4 CiTY-51		
TITLE		[ ] DELETE	5 1 THLE	·'.	[   Change
NAME			5.2 NAME	1	
STREET ADDRESS			53\$1RE117	ADDRESS	
CITY-\$T-ZIP		,	54 CITY-ST		
TITLE		[] DELETE	61 TITLE	··· · }	[ ] Change
NAME			6.2 NAME		1 1
STREET ADDRESS			63STREET	ADORESS }	D Well Olina
GINEET ALIDNESS			64 City, 51,		D 718199 99M

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 logal 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 chapted, or on a qualitachment with an address, with all other like empowered.

SIGNATURE:

MILLIAEL A. STODDARD

3-15-99 (407) 977-4594