


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**  
**Aug 26, 1999 8:00 am**  
**Secretary of State**

08-26-1999 90004 005 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000052063**

1. Corporation Name  
**CHILLY WILLY PRODUCTION'S, INC.**



Principal Place of Business 5400 NW 5TH AVE FORT LAUDERDALE FL 33309	Mailing Address 5400 NW 5TH AVE FORT LAUDERDALE FL 33309
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>83 NW 45th AVENUE</b> Suite, Apt. #, etc. 22 <b>204</b> City & State 23 <b>DEERFIELD BCH, FL.</b> Zip 24 <b>33442</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>SAME</b> Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified <b>06/10/1998</b>	4. FEI Number <b>65-0846082</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**ACOSTA, WILBERT**  
**5400 NW 5TH AVE**  
**FORT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) <b>83 NW 45th AVENUE (A204)</b>	83
84 City <b>DEERFIELD BCH.</b>	85 Zip Code <b>FL 33442</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ACOSTA, WILBERT</b> <b>5400 NW 5TH AVE</b> <b>FORT LAUDERDALE FL 33309</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>ACOSTA, ILENE</b> <b>5400 NW 5TH AVE</b> <b>FORT LAUDERDALE FL 33309</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 from an attachment with an address.

SIGNATURE: W. Acosta PRESIDENT 8/16/99 (P# 149-1000)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0075219

CR2E034 (5/99)

CHILLY WILLY PRODUCTIONS, INC.  
83 NW 17th AVENUE (#204)  
DEERFIELD BCH., FL. 33442

AUGUST 16, 1999

RE: + P980000 52063

P98000052063

609643-90004-5

DIVISION OF CORPORATIONS

ANNUAL REPORTS FILINGS

P.O. BOX 1500

TALLAHASSEE, FL. 32302-1500

Gentlemen:

Enclosed find my 1999 "CORPORATION ANNUAL REPORT,"  
with the normal FEE (Fees) attached;

Due to CIRCUMSTANCES beyond my control, I NEVER RECEIVED  
your INITIAL MAILING REQUEST IN APRIL 1999, SINCE IT  
WENT TO MY OLD ADDRESS, where IN - IT WAS NEVER  
FORWARDED TO ME. I AM PRESENTLY ENVOLED IN A VERY  
DISAGREABLE AND VERY BAD DIVORCED PROCEEDINGS WITH MY  
WIFE AT THE PREVIOUSLY LISTED ADDRESS (5000 NW 17th AVENUE,  
TALLAHASSEE) AND THEREFORE IT CAN EASILY BE UNDERSTOOD  
WHY I NEVER RECEIVED THE ORIGINAL ANNUAL REPORT NOTICE.

Please forgive any penalties, if possible, due to the  
ABOVE CIRCUMSTANCES SINCE I AM TRYING TO MAINTAIN

my BUSINESS AND <sup>EXISTING</sup> CORPORATE ENTITY. I WOULD GREATLY

APPRECIATE YOU ACCEPT MY ANNUAL REPORT AS FILED.

Thank You,

Very Truly & Sincerely -

WILBERT ACOSTA - PRESIDENT