

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


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

DOCUMENT # P98000073192

Corporation Name
PACIFIC SUNSET PRODUCTIONS, INC.

Place of Business
**NORTHWEST 6TH TERRACE
254
FL 33126**

Mailing Address
**POST OFFICE BOX 523823
MIAMI FL 33152-3823**

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

04-13-1999 90024 001 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/21/1998	
Suite, Apt. #, etc.		26		4. FEI Number 650236143-23001	
City & State		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		29		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City FL 85 Zip Code		

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, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS					
NAME	ADDRESS	ST-ZIP	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PSID	8285 NORTHWEST 6TH TERRACE	MIAMI FL 33126	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DELETED			1.2 NAME		
DELETED			1.3 STREET ADDRESS		
DELETED			1.4 CITY-ST-ZIP		
DELETED			2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DELETED			2.2 NAME		
DELETED			2.3 STREET ADDRESS		
DELETED			2.4 CITY-ST-ZIP		
DELETED			3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DELETED			3.2 NAME		
DELETED			3.3 STREET ADDRESS		
DELETED			3.4 CITY-ST-ZIP		
DELETED			4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DELETED			4.2 NAME		
DELETED			4.3 STREET ADDRESS		
DELETED			4.4 CITY-ST-ZIP		
DELETED			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DELETED			5.2 NAME		
DELETED			5.3 STREET ADDRESS		
DELETED			5.4 CITY-ST-ZIP		
DELETED			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DELETED			6.2 NAME		
DELETED			6.3 STREET ADDRESS		
DELETED			6.4 CITY-ST-ZIP		

4. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)