

FILE NOW: FILING FEE AFTER MAY 1ST 1999 \$50.00

APPROVED
AND
FILED

1999 JUN 28 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P98000087729
1. Corporation Name
IMAGINE THAT MULTIMEDIA Productions

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified OCT. 1998

2. Principal Place of Business 21 8215 SW 107th Ave Suite Apt. #, etc. B City & State MIAMI FL Zip 33173 Country USA	2a. Mailing Address 26 1172 So. Dixie Hwy Suite, Apt. #, etc. 110 City & State CORAL GABLES FL Zip 33146 Country USA	4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	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

10. Name and Address of New Registered Agent

LAST YEAR'S:
Billy D. SWARTZ
1757 JAMES AV #10
MIAMI BEACH FL 33139

81 Name NOREEN LEGAULT
82 Street Address (P.O. Box Number is Not Acceptable) 1172 So. DIXIE HWY
83 # 110
84 City CORAL GABLES FL 85 Zip Code 33146

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 607.0305, Florida Statutes.

SIGNATURE

N. Legault Pres. April 24th 1999

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE VP/Reg. agent NAME Billy D. SWARTZ STREET ADDRESS 1757 JAMES AV #10 CITY-ST-ZIP MIAMI BEACH FL 33139 <input checked="" type="checkbox"/> DELETE	11 TITLE P/T V/T 12 NAME NOREEN LEGAULT 13 STREET ADDRESS 1172 So. DIXIE HWY #110 14 CITY-ST-ZIP CORAL GABLES, FL 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 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 19.07(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:

N. Legault Pres. April 24th 1999

05/06/99 90295 063 150.00
064 8.75

CR2E034 (11/98)