

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000091161

1. Corporation Name
PISTOL PRODUCTIONS / KILROY COMMUNICATIONS, INC.

Principal Place of Business 3109 W. SAN CARLOS ST TAMPA FL 33629	Mailing Address 3109 W. SAN CARLOS ST TAMPA FL 33629	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22	2a. Mailing Address 26 Suite, Apt. #, etc. 27	
City & State 23	City & State 28	
Zip 24	Zip 29	Country 30

9. Name and Address of Current Registered Agent

PETERSON, JOHN
3109 W. SAN CARLOS ST
TAMPA FL 33629

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City FL	Zip Code 85

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) (NOT E: Registered Agent signature required when reinstating) DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, JOHN			
STREET ADDRESS	3109 W. SAN CARLOS ST			
CITY-ST-ZIP	TAMPA FL 33629			
TITLE	VSTD	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, LYNN K			
STREET ADDRESS	3109 W. SAN CARLOS ST			
CITY-ST-ZIP	TAMPA FL 33629			
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

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:

John Peterson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90117 020 ***150.00

0396513

CR2E034 (11/98)



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1998

4. FEI Number
593539716

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax.

Yes

No

10. Name and Address of New Registered Agent

CR2E034 (11/98)

4/20/99 813-258-6371
Date Daytime Phone #