FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT
CORPORATION
ANNUAL REPORT
1999
DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P98000092332
4 Compression Name	

ROC STUDIOS, INC.

Principal Place of Business	Mailing Address
1819 S. GADSDEN ST., STE. C	1819 S. GADSDEN ST., STE
TALLAHASSEE FL 32301-5556	TALLAHASSEE FL 32301-55

2. Principal Plac	ce of Business	2a. Mailing Address
21		26 P. O. BOX 5 166
Suite, Apt. #,	etc.	Suite, Apt. #, etc.
22		27
City & State		City & State
23		28 TAWAHASECE, FL
Zip	Country	Zip Country
24	25	29 37314-516630 USA
	9. Name and Address of C	urrent Registered Agent
f · · · · · · · · · · · · · · · · · · ·		54 4

FILED 99 APR 26 AM 10: 28



NI 3. GAUSDEN 31 31E. C NILAHASSEE FL 32301-5556 TALLAHASSEE FL 32301-5556		DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed 10/30/1998	IS SPACE
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
i <u> </u>	26 P. C. BOX	タバ	00	159·35 4 0024	■ Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired [U	 \$8.75 Additional Fee Required
City & State	City & State 28 TAWHIAGA	ラ ,	FL	6. Flection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip 29 37314-516630	Country	5A	This corporation owes the current year I Personal Property Tax	ntangible []Yes
9. Name and Address of C	Current Registered Agent	Υ.	9 .7	10. Name and Address of New Registere	√ • • • • • • • • • • • • • • • • • • •
CHARLES, ROBERT O 1819 S. GADSDEN ST., STE. C		81 82	Name Street Add	Iress (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32301-5556		83		· · · · · · · · · · · · · · · · · · ·	
		84	City	F	L 85 Zip Code
office or registered agent, or both, in the	17.0502 and 607.1508, Florida Statutes, th State of Florida, Such change was authori obligations of Section 607.0505, Florida S	zed by	e-namied cor the corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	of changing its registered ointment as registered

SIGNATURE			
	Stgnature, typed or printed name of registered agent and title if applicable	(NOTE R	gistereit Agent signature ruqua
12.	OFFICERS AND DIRECTORS		13.
TITLE	· · · · · · · · · · · · · · · · · · ·) DELETE	11THLE
NAME			1.2 NAME
STREET ADDRESS			13 STREET ADDRESS
CITY-ST-ZIP			14 City-St-ZiF
TITLE		[.] DELETE	21 TITLE
NAME			22 NAME
STREET ADDRESS			23 STREET ADDRESS
CITY-ST-ZIP			2 4 City-ST-ZIP
TΠLΕ		DELETE	3 1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			34 CITY-ST-ZIP
TITLE	j	DELETE	4.1 TITLE
NAME			4 2 NAME
STREET ADDRESS			4.3 STREET ADORESS
CITY-ST-ZIP			44 CITY-ST-ZIP
TITLE		DELETE	5 1 TITLE
NAME			5.2 NAME
STREET ADDRESS			53 STREET ADORESS
CITY-ST-ZIP			54 CITY-ST-ZIP
TITLE	(DELETE	6 1 TITLE
NAME			6.2 NAME

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 O. CHARLES south amps post ST, soutd AWAHASSOD , PL BRYAN ST. A 800002870428-- 128 -05/11/93--01003--019 ****150.00 ****150.00

> [] Change [| Addition 800002870426--- 8 -05/11/99--01009--020 ****8.75 *****8.75

[] Change [] 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, or on an attachment with appenderss, with all other like empowered.

63 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP