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Apr 29, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000099438

1. Corporation Name
PINK CLOUD PRODUCTIONS, INC.



Principal Place of Business: 140 NE 6TH AVENUE DELRAY BEACH FL 33483
 Mailing Address: 140 NE 6TH AVENUE DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	12 Central Avenue	26	(Same)	11/23/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0892263	
22. City & State		27. City & State		5. Certificate of Status Desired	
23. Delray Beach, Florida				<input type="checkbox"/> \$8.75 Additional Fee Required	
24. 33483-3432		29. 33483		30. 30	
25. 25		28. 28		6. Election Campaign Financing	
				<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			
FINE, DAVID 140 NE 6TH AVENUE DELRAY BEACH FL 33483				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	City		
				84	City		
				85	Zip Code		
					FL 33483-3432		

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: *David Fine* DATE: 4/21/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	1.1 TITLE
NAME	FINE, DAVID	1.2 NAME	1.2 NAME
STREET ADDRESS	140 NE 6TH AVENUE	1.3 STREET ADDRESS	1.3 STREET ADDRESS
CITY-ST-ZIP	DELRAY BEACH FL 33483	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	2.1 TITLE	2.1 TITLE
		2.2 NAME	2.2 NAME
		2.3 STREET ADDRESS	2.3 STREET ADDRESS
		2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP
		3.1 TITLE	3.1 TITLE
		3.2 NAME	3.2 NAME
		3.3 STREET ADDRESS	3.3 STREET ADDRESS
		3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP
		4.1 TITLE	4.1 TITLE
		4.2 NAME	4.2 NAME
		4.3 STREET ADDRESS	4.3 STREET ADDRESS
		4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP
		5.1 TITLE	5.1 TITLE
		5.2 NAME	5.2 NAME
		5.3 STREET ADDRESS	5.3 STREET ADDRESS
		5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP
		6.1 TITLE	6.1 TITLE
		6.2 NAME	6.2 NAME
		6.3 STREET ADDRESS	6.3 STREET ADDRESS
		6.4 CITY-ST-ZIP	6.4 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: *David Fine* DATE: 4/21/99

CR2E034 (11/98)