FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996 2-9-96 E 2-1-96

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S59346** **(4)**

1. Corporation Name
STUDIO M. CONCEPTS, INC.

Principal Place of Business
21913 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34625

Mailing Address
21913 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34625

2. Principal Place of Business
21 Suite/Apt. #, etc.
22 City & State
23 Zip 24 County 25

2a. Mailing Address
26 Suite/Apt. #, etc.
27 City & State
28 Zip 29 County 30

3. Date Incorporated/Organized: **06/11/1991**
3a. Date of Last Report: **08/07/1995**
4. FEI Number: **59-3086509** [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees
8. This Corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [ ] No

9. **Name and Address of Current Registered Agent**
MORETTI, WILLIAM L
4187 RIDGEMOOR DR N
PALM HARBOR FL 34685

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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 of Registered Agent — Date

12. OFFICERS AND DIRECTORS

P [ ] DELETE
MORETTI, WILLIAM L
4187 RIDGEMOOR DR N
PALM HARBOR FL

V [X] DELETE
MORETTI, MARK L
3644 BRIDLE COURT
PALM HARBOR FL

[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Add
1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY, ST, ZIP

[ ] Change [ ] Add
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

[ ] Change [ ] Add
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

[ ] Change [ ] Add
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

[ ] Change [ ] Add
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

[ ] Change [ ] Add
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

CR2E034 (12/95)

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature below, the same being of record 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 is attached to the report.

SIGNATURE: William L Moretti 2/1/96 813-796-8662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone