


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # S70093 1. Entity Name IAS FILM CORPORATION	
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FILED
 05 NOV -7 PM 4: 28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



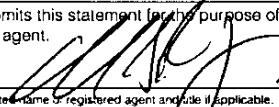
Principal Place of Business 1935 HOLLYWOOD BLVD HOLLYWOOD, FL 33020 US		Mailing Address 1935 HOLLYWOOD BLVD HOLLYWOOD, FL 33020 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

11042005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0284672	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SANFORD N. REINHARD, P.A. 2875 N.E. 191 ST. STE.#404 N.. MIAMMI BCH., FL 33180	7. Name and Address of New Registered Agent Name NESTOR GORFINKEL Street Address (P.O. Box Number is Not Acceptable) 20818 WEST DIXIE HIGHWAY City AVENTURA FL Zip Code 33180
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

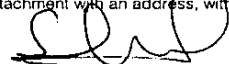
SIGNATURE:  **NESTOR GORFINKEL** DATE: **11/4/2005**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete SHUBER, ELIEZER	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3679 NE 201 ST STREET	NAME	000061219740
STREET ADDRESS	AVENTURA, FL 33180	STREET ADDRESS	11/07/05--01059--024 **183.75
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELCER, LEONOR S	NAME	
STREET ADDRESS	3679 NE 201ST STREET	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ELIEZER SHUBER, Pres.** DATE: **11/4/2005** DAYTIME PHONE #: **954-922-4088**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #