

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

APPROVED
AND
FILED

97 JUN 19 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S85377

1. Corporation Name

Maxzacka Productions, Inc.

Principal Place of Business

Mailing Address

c/o Mary Fisher Productions, Inc.

87 Main Street, Nyack, NY 10960

3. Date Incorporated or Qualified

10/07/91

3a. Date of Last Report

5/1/96

2. Principal Place of Business

21 New York

2a. Mailing Address

26 Same As Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

65-0286690

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75

Additional

Fee Required

6. Election Campaign Financing

\$6.00

May Be

Added to Fees

8. This corporation has liability for intangible tax under s 198.032.

Florida Statutes

Yes

X

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Mary D. Fisher

920 North Lake Way

Palm Beach, FL 33480

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

100002221301--0

B3

-06/24/97--01058--002

***165.00

***165.00

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

President

Mary D. Fisher

920 N. Lake Way, Palm Beach, FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
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CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

Change

Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

Change

Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

Change

Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

Change

Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change

Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change

Addition

14. I do 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.

SIGNATURE:

MARY FISHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/97

Date

914-353-4833

Daytime Phone