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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

V07103

FILED

97 JAN -6 AM 8: 36

DOCUMENT # V07103 (7) 1. Corporation Name IDEAS PRODUCTION, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Brigging Stage	o of Publication	Mailing Address			
*				faire was a c	
ORLANDO		155 COOPER COURT ORLANDO FL 32835		REINSTATENE 3. Date incorporated or Qualified 3a 01/15/1992	Date 2 Selfactori 03/09/1995
2. Principa! Pl	lace of Business	2a. Mailing Address		4. Fill Number	Applied For
21 26			NOT APPLICABLE	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22 27 City & State City & State					Fee Required
23	G	City & State	and the state of t	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intang	
24	25	29	30	Florida Statutes	1
	Name and Address of Currer	nt Registered Agent		Name and Address of New Regist	tered Agent
MONT	ANEZ, DAVID		81! Name 82 Street Add	ress (P.O. Box Number is Not Acceptable)	
155 COOPER COURT				Tess (1.0. Dox Notifice) is not notebrasis,	
ORLAN	NDO FL 32835		83		
			84 City		FL 85 Zip Code
 11. Pursuant for register 	to the provisions of Sections 507,0502 red agent, or both, in the State of Flori	2 and 607.1508, Florida Statutes da. Such chance was authorize	s, the above-named corpo d by the corporation's boa	ration submits this statement for the purpose and of directors. I hereby accept the appointment	of changing its registered office ent as registered agent. I am
SIGNATURE .	th, and an actife obligations of, Section of)avid Plontan	ez ou	Ner J - /2/	27/96
SIGNATURE .	Signature, typod or preted name of ingistered agent)avid Plontan	ez Gw E: Reg stered Agent signature reduire 13.	Ner J - /2/	27/96 PATE
SIGNATURE .	Signature, typod or plated name of logistered agent OFFICERS AN) a v. d Plowtan and title if applicable. (NOTI	E: Registered Agent signature require	od when reinstating!	27/96 PATE
SIGNATURE .	Signature, wood or preted name of injustered agent OFFICERS AN D MONTANEZ, DAVID	A v. d Plow Taw t and title if applicable. NOT D DIRECTORS	E: Registered Agent signature require	od when reinstating!	27/96 PATE S AND DIRECTORS IN 12
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 13 if changed, or on an attachment with an address.

SIGNATURE:

12/27/96 (407)293-7515