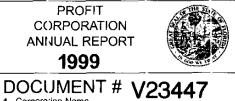
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Apr 27, 1999 8:00 am Secretary of State Katherine Harris

04-27-1999 90135 012 ***150.00

SKOOL	PRODUCTIONS, INC.						
Principal Plac	e of Business	Mailing Address			T I DOĞI DILDIĞ ALBAD IŞENI DADIA DEBİRI	INCL MINIS MINIS NINIS NINIS NINIS	T
P.O. BOX 700765 P.O. BOX 700765							
MIAMI FL 33170 MIAMI FL 33170							
						IN TH S SPACE	
					3. Date Ir corporated or Qualifed		
					03/23/1992		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		ied For	
21		26			65-0331986		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 A Fee Red		
City & S ate		City & State					
∽ '		28		6. Election Campaign Financing Trust Fund Contribution	□ \$5.00 r Added to		
Zip Coun ry		Zip Country		This corporation owes the current		-	
'		29 30		Personal Property Tax.	Yes	No	
24	9. Name and Address of Curr		30]		10. Name and Address of New Reg	aistere i Agent	- ` -
	<u> </u>		8	1 Name			
	aughlan, Stella		-		(I) (O O D) II been blet to entable		
93:25 SW 181 STREET			8:	2 Street Ad	ditress (P.O. Box Number is Not Acceptable	<i>ə</i>)	
MIAMI FL 33157			8	3			
			8-	4 City		F!_ 85 Zip C	ic de
agent. I a	egistered agent, or both, in the star m familiar with, and accept the oblig Signature, typed or printed name of registered a	gations of, Section 607.0505, Flor	ida Statute	rs. 	a ion's board of directors. I hereby accept t	DATE	
12.	<u> </u>	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	DP	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	JONES, DESMOND		1.2 NAME				
STREET ADDRESS	5 DYNA AVENUE			ET ADDRESS			
CITY-ST-ZIP	KINGSTON 19 JA			ST-ZIP			
TITLE	T	☐ DELETE	2.1 TITLE	Ì		☐ Change	☐ Addition
NAME	HIBBERT, HOPETON		2.2 NAME	: }			1
STREET ADDRESS			2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	BRONX NY			-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE	Ì		☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY- ST- ZIP			3.4. CITY	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	1		Change	☐ Addition
NAME			4. 2 NAM	E			
STREET ADDRES 3			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5 1 TITLE	I .		☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP	-ZIF		54 CITY-				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME	:			
STREET ADDRESS		6.3 STRE	ET ADDRESS				
			6.4 CITY	ST 7ID			1

14. I hereby certify that the information supplied with his 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 uncer 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, I on an attachment with an address, with all other like empowered.

SIGNATURE:

PED OR PEINTED NAME OF SIGNING OFFICER OR DIRECTOR