

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$650 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

1997 JUL 21 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V56661** (4)  
1. Corporation Name  
**OASIS FILMS, INC.**

Principal Place of Business <b>5800 SW 76TH ST., #1 MIAMI FL 33143-5646</b>	Mailing Address <b>5800 SW 76TH ST., #1 MIAMI FL 33143-5646</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/11/1992</b>	3a. Date of Last Report <b>04/22/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0350770</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**READ, ELIZABETH R.  
1489 S MIAMI AVE  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEMPHILL, ROBERT JOHN</b>	1.2 NAME	<b>HEMPHILL, ROBERT JOHN</b>
STREET ADDRESS	<b>7520 SW 58 AVE</b>	1.3 STREET ADDRESS	<b>5600 SW 76th ST., #1</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FL 33143-5646</b>
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEMPHILL, WILLIAM, T., JR</b>	2.2 NAME	<b>HEMPHILL, WILLIAM T., JR</b>
STREET ADDRESS	<b>5048 TWIN LAKE DR</b>	2.3 STREET ADDRESS	<b>1118 BROOKVIEW DR.</b>
CITY-ST-ZIP	<b>OLD HICKORY TN</b>	2.4 CITY-ST-ZIP	<b>BRENTWOOD, TN 37027</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>100002250231--3</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>-07/29/97--01039--005</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>*****173.75 *****173.75</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**SCC 7-21-97**

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.

CR2E034 (4/97)

(2)

# OASIS

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F I L M S

July 15, 1997

Division of Corporations  
Annual Reports Section  
PO Box 1500  
Tallahassee, FL 32302-1500

To whom it may concern:

Enclosed you will find the annual report for Oasis Films, Inc. We just received the second notice and we're filing as soon as possible. As far as I know we did not receive the first notice. In a conversation with your office I was told to include an explanation for the late filing and the late fee could be waved.

Thank you,



Bob Hemphill  
President  
Oasis Films, Inc.