


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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90047 026 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000330
 1. Corporation Name
FASTFRAME U.S.A., INC.



Principal Place of Business 1200 LAWRENCE DR SUITE 300 NEWBURY PARK CA 91320	Mailing Address 1200 LAWRENCE DR SUITE 300 NEWBURY PARK CA 91320
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/19/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 77-0130170	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	
NAME	HARPER, BRIAN	1.2 NAME	
STREET ADDRESS	1200 LAWRENCE DR, SUITE 300	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEWBURY PARK CA 91320	1.4 CITY-ST-ZIP	
TITLE	CFOD	2.1 TITLE	LESLY THOMPSON
NAME	LOVE, ROBERT S	2.2 NAME	1200 LAWRENCE DR, STE 300
STREET ADDRESS	1200 LAWRENCE DR, SUITE 300	2.3 STREET ADDRESS	NEWBURY PARK, CA 91320
CITY-ST-ZIP	NEWBURY PARK CA 91320	2.4 CITY-ST-ZIP	
TITLE	OD	3.1 TITLE	IRWIN GARFIELD
NAME	OLIVER, FRANKLIN	3.2 NAME	1200 LAWRENCE DR, STE 300
STREET ADDRESS	1200 LAWRENCE DR, SUITE 300	3.3 STREET ADDRESS	NEWBURY PARK, CA 91320
CITY-ST-ZIP	NEWBURY PARK CA 91320	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	FLETCHER, ARTHUR J	4.2 NAME	
STREET ADDRESS	1200 LAWRENCE DR, SUITE 300	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEWBURY PARK CA 91320	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	LEVINE, BILL	5.2 NAME	
STREET ADDRESS	1200 LAWRENCE DR, SUITE 300	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEWBURY PARK CA 91320	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	THOMPSON, ANDREW	6.2 NAME	
STREET ADDRESS	1200 LAWRENCE DR, SUITE 300	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEWBURY PARK CA 91320	6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. 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 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, with all other like empowered.

SIGNATURE: [Signature] DATE: 2/1/99 DAYTIME PHONE #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)