

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

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90076 041 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000000030

1. Corporation Name
MYSTIC SCENIC STUDIOS, INC.

Principal Place of Business
 1105 EAST STREET
 DEDHAM MA 02026

Mailing Address
 1105 EAST STREET
 DEDHAM MA 02026



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/05/1998

4. FEI Number
04-3041178

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 [] Suite, Apt. #, etc. []
 22 City & State []
 23 Zip [] Country []
 24 [] 25 []

2a. Mailing Address
 26 [] Suite, Apt. #, etc. []
 27 City & State []
 28 Zip [] Country []
 29 [] 30 []

9. Name and Address of Current Registered Agent
MEROS, GEORGE N JR, ESQ.
RUMBERGER, KIRK & CALDWELL
106 E. COLLEGE AVE.
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent

81 Name
George N. Meros Jr, Esq

82 Street Address (P.O. Box Number is Not Acceptable)
Rumberger, Kirk & Caldwell

83 **301 S. Bronough St**

84 City **Tallahassee,** FL 85 Zip Code **32301**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	RAY, JIM	
STREET ADDRESS	82 CHESTNUT STREET	
CITY-ST-ZIP	DEDHAM MA	
TITLE	VCST	<input type="checkbox"/> DELETE
NAME	HONDORP, JONATHAN	
STREET ADDRESS	16 HAWTHORNE STREET	
CITY-ST-ZIP	SOMERVILLE MA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCKENNA, MICHAEL	
STREET ADDRESS	109 NORTHDAL ROAD	
CITY-ST-ZIP	WEST ROXBURY MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 REQUIRED _____ Date: **1/28/99** Daytime Phone #: **781 329 9006**

CR2E034 (1/198)