

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

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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**FILED**

98 FEB 17 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**

**DOCUMENT # V18188 (5)**  
 1. Corporation Name  
**BLUE RIDGE PRODUCTIONS, INC.**

Principal Place of Business <b>945 N. PASADENA SUITE 100 MESA AZ 85201</b>	Mailing Address <b>945 N. PASADENA SUITE 100 MESA AZ 85201-4319</b>
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3. Date Incorporated or Qualified <b>03/03/1992</b>	3a. Date of Last Report <b>05/09/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**IHRIG, WILLIAM KENT  
 ANDERSON & ORCOTT, P.A.  
 401 E. JACKSON STREET, STE. 2400  
 TAMPA FL 33602**

10. Name and Address of New Registered Agent  
 81 Name  
**MARK C. OLSEN**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**MORGAN, OLSEN & OLSEN**  
 83  
**315 NE 3rd Avenue, Suite 200**  
 84 City  
**FORT LAUDERDALE** **FL** 85 Zip Code  
**33301**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *Mark C. Olsen* **1/29/98**  
 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	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELKER, EUGENE M.</b>	1.2 NAME	
STREET ADDRESS	<b>945 NO. PASADENA #160</b>	1.3 STREET ADDRESS	<b>500002434545--1</b>
CITY-ST-ZIP	<b>MESA AZ 85201</b>	1.4 CITY-ST-ZIP	<b>-02/18/98--01083--033</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>***150.00</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANSPERGER, JONN R.</b>	2.2 NAME	
STREET ADDRESS	<b>4501 NO. O'CONNOR #1103</b>	2.3 STREET ADDRESS	<b>P.O. BOX 685 (N/A)</b>
CITY-ST-ZIP	<b>IRVING TX 75062</b>	2.4 CITY-ST-ZIP	<b>BAMAH N.M. 87321-0685</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>500002434545--1</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>-02/18/98--01083--034</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>***750.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
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	

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, changed, or on an attachment with address.

SIGNATURE *Eugene M. Felker* **11-17-97** *607-1410-1952*

CR2E034 (9/96)