FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ~~ANNUAL~~ REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
97 JAN 28 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000034510 (6)

1. Corporation Name
MSC ENTERTAINMENT, INC.

REINSTATEMENT 96-97 MWB

Principal Place of Business	Mailing Address
5374 CROOKED OAK CIRCLE ST. CLOUD FL 34771	5374 CROOKED OAK CIRCLE ST. CLOUD FL 34771

3. Date Incorporated or Qualified: 05/10/1993
3a. Date of Last Report: 03/24/1995

2. Principal Place of Business
21 5020 W. Atlantic Ave
22 Suite, Apt. #, etc.
23 City & State: Delray Beach, FL
24 Zip: 33484 25 County: Palm Beach

2a. Mailing Address
27 5020 W. Atlantic Ave
28 Suite, Apt. #, etc.
29 City & State: Delray Beach, FL
30 Zip: 33484 Palm Beach

4. FEI Number: 59-3185659 ☒ Applied For ☐ Not Applicable

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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CARTER, AMELIA W
5374 CROOKED OAK CIRCLE
ST. CLOUD FL 34771

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 607.1008, 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 Amelia W Carter
Signature, type or printed name of registered agent and, if applicable, the title of officer (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CARTER, MICHAEL SCOTT		1.2 NAME	
STREET ADDRESS	5374 CROOKED OAK CIRCLE		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL 34771		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	000002072430--8
STREET ADDRESS			4.3 STREET ADDRESS	-01/29/97--01050--018
CITY-ST-ZIP			4.4 CITY-ST-ZIP	****646.25 ****646.25
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Michael Scott Carter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0389877 CP