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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90082 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **P94000026532**

1. Corporation Name
TIBURON ENTERTAINMENT, INC.

Principal Place of Business	Mailing Address
901 N LAKE DESTINY DR STE 270 MAITLAND FL 32751 US	901 N LAKE DESTINY DR STE 270 MAITLAND FL 32751 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/04/1994

2. Principal Place of Business	2a. Mailing Address
21 2301 Lucien Way	26 2301 LUCIEN WAY
Suite, Apt. #, etc. 22 Suite 395	Suite, Apt. #, etc. 27 SUITE 395
City & State 23 Maitland, FL	City & State 28 Maitland, FL
Zip / Country 24 32751 25 US	Zip / Country 29 32751 30 US

4. FEI Number: 59-3232857 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHAPPERT, JOHN C 901 N LAKE DESTINY DR STE 270 MAITLAND FL 32712	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	PSD	☐ DELETE	1.1 TITLE	COO	☐ Change ☑ Addition
NAME	SCHAPPERT, JOHN C		1.2 NAME	RUSS GUBLER	
STREET ADDRESS	2616 ORCHARD DR		1.3 STREET ADDRESS	2301 LUCIEN WAY SUITE 395	
CITY-ST-ZIP	APOPKA FL		1.4 CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VT	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSEN, JASON		2.2 NAME		
STREET ADDRESS	1738 SWEETWATER W CIR		2.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		2.4 CITY-ST-ZIP		
TITLE	V	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHIANG, STEVEN T		3.2 NAME		
STREET ADDRESS	1285 PALM BLUFF DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
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 (11/98)

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: _____ 1/7/99 (407) 660-6060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #