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PROFIT: CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000075281 1. Corporation Name

PLATINUM ENTERTAINMENT PRODUCTIONS, INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90294 025 ***150.00



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COCONUT GROVE FL 33133 COCONUT GROVE FL 33133						DO NOT WRITE IN	THIS SOACE	
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
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O Deineinal D	Inne of Due		2a. Mailing Address			08/26/1998 4. FEI Number	Apr	plied For
2. Principal P			26 5301 Wis	casta	ANN WIN	4. FEI Number 0869909		Applicable
21 <i>352</i> 3 Suite, Apt.		horage Way	Suite Ant # etc	2011-111			\$8.75 A	
22			26 5301 W/S Suite, Apt. #, etc. 27 Suite 32	<u> </u>		5. Certifcate of Status Desired	Fee Rec	quired
City & State City & State 23 Coconut Grove, FL 28 Washington				n, DC	OC 6. Election Campaign Financing Trust Fund Contribution 5.00 May Be Added to Fees		, ,	
Zip		Country.	Zip	Coun	try	8. This corporation owes the current ye	ar Intangible	
24 33	133	25	29 20015	30	USA	Personal Property Tax.		□No
	9. Nam	e and Address of Currer	nt Registered Agent			10. Name and Address of New Regist	ered Agent	
		· .			81 Name			
KAMENESH, PETER Z 3225 AVIATION AVE 7TH FL COCONUT GROVE FL 33133				}	82 Street Address (P.O. Box Number is Not Acceptable) 83			
					B4 City		85 Zip C	Code
							FL	
11. Pursuant	to the provi	sions of Sections 607.050	2 and 607.1508, Florida Stat	ites, the ab	ove-named co	prporation submits this statement for the purpo ation's board of directors. I hereby accept the	se of changing its	registered
office or r	egistered a m familiar v	gent, or both, in the State vith, and accept the obliga	of Florida, Such change was itions of, Section 607.0505, F	autnonzed Iorida Statu	es une corpor	ation's board of directors. Thereby accept the	appointment as rog	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE	:							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: F					gent signature req	uired when reinstating) DA		
12.		OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER		RS IN 12 Addition
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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:

Allon S. Furst

202-364-8500 Daytime Phone #