

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

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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90157 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000083588

1. Corporation Name
PLAYGROUND ENTERTAINMENT, INC.



Principal Place of Business: 1749 E HALLANDALE BEACH BLVD. STE 143 HALLANDALE FL 33009
 Mailing Address: 1749 E HALLANDALE BEACH BLVD. STE 143 HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/28/1998**

4. FEI Number: **65-0869433** 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 owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business: 21 **15751 Sheridan St** 22 **143** 23 **Fort Lauderdale FL** 24 **33331** 25 **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEHR, SCOTT KENNETH
 1749 E HALLANDALE BEACH BLVD, STE 143
 HALLANDALE FL 33009

81 Name: **Scott K. Lehr**
 82 Street Address (P.O. Box Number is Not Acceptable): **15751 Sheridan St**
 83 **#143**
 84 City: **Fort Lauderdale** FL 85 Zip Code: **33331**

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: *[Signature]* DATE: **4-7-99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PS	<input type="checkbox"/> DELETE
NAME	LEHR, SCOTT KENNETH	
STREET ADDRESS	1749 E HALLANDALE BEACH BLVD, STE 143	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	LEHR, GAYLE	
STREET ADDRESS	1749 E HALLANDALE BEACH BLVD, STE 143	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	T	<input type="checkbox"/> DELETE
NAME	Gayle F Lehr	
STREET ADDRESS	15751 Sheridan St #143	
CITY-ST-ZIP	Fort Lauderdale, FL 33331	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Luis Píñon	
STREET ADDRESS	15751 Sheridan St #143	
CITY-ST-ZIP	Fort Lauderdale, FL 33331	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **4-7-99** Daytime Phone #

CR2E034 (1/198)