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

FILED
96 SEP -3 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900001953449
-09/23/96--01015--005
****233.75 ****233.75

DOCUMENT # **682068** **(2)**

1. Corporation Name

ENTERTAINMENT GALORE, INC.

Principal Place of Business	Mailing Address
~~8000 BISCAYNE BLVD~~ 901 NW 203 St. ~~STE 801~~ ~~MIAMI FL 33138~~ Miami, FL 33169 ~~US~~ US	PO BOX 013129 MIAMI FL 33129-2316 US

2. Principal Place of Business 21 901 NW 203 St	2a. Mailing Address 26
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc 27
City & State 23 Miami, FL.	City & State 28
Zip 24 33169 Country 25 US	Zip 29 Country 30

3. Date Incorporated or Qualified 08/04/1980	3a. Date of Last Report 09/29/1995
4. FEI Number 59-2017507	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

COVINGTON, WILLIE
901 NW 203 STREET
MIAMI FL 33169

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 607.1508, 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 N/A (Signature, typed or printed name of Registered Agent and title if applicable) N/A (Registered Agent's signature required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	COVINGTON, WILLIE		1.2 NAME	
STREET ADDRESS	901 NW 203 STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169		1.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	COVINGTON, GWENDOLYN		2.2 NAME	
STREET ADDRESS	901 NW 203 STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169		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	
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	JB 9-10-96
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 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: G Covington 8/19/96 (305) 655-2209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Gwendolyn Covington

CR2E034 (12/95)