

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

FILED  
May 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F93000003530 (3)

1. Corporation Name

BARBEL ENTERTAINMENT, INC.



Principal Place of Business

~~1221 W. COLONIAL DR~~  
~~STE 300~~  
~~ORLANDO FL 32804~~

Mailing Address

~~1221 W. COLONIAL DR~~  
~~STE 300~~  
~~ORLANDO FL 32804~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1993

4. FEI Number

59-3163492

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 7421 High Lake Dr  
Suite, Apt. #, etc

22 City & State

23 ORLANDO, FL

24 Zip

32818

Country

25 ORANGE

2a. Mailing Address

26 PO Box 547036  
Suite, Apt. #, etc

27 City & State

28 ORLANDO FL

29 Zip

32854

Country

30 ORANGE

9. Name and Address of Current Registered Agent

BELL, LOUIS M JR.  
745 N. FERNOCREEK AVENUE  
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7421 High Lake Drive

83

84 City

ORLANDO

FL

85 Zip Code

32854

11. Pursuant to the provisions of Sections 607.0602 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: typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD  
NAME BELL, LOUIS M JR.  
STREET ADDRESS ~~1221 W. COLONIAL DR., STE 300~~  
CITY-ST-ZIP ORLANDO FL 32804

☐ DELETE

TITLE VD  
NAME DUFEE, BARRY  
STREET ADDRESS ~~1221 W. COLONIAL DR., STE 300~~  
CITY-ST-ZIP ORLANDO FL 32804

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

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.

SIGNATURE

*[Signature]*

4/11/98

4/27/98 9889

CR2E034 (10/97)