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Jan 27 1997 8:00am
Secretary of State



PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # F95000004045 (9)

1. Corporation Name
NEXT MILLENNIUM ENTERTAINMENT, INC.



Principal Place of Business

10275 COLLINS AVE
1219 S
BAL HARBOUR FL 33154
US

Mailing Address

10275 COLLINS AVE
1219 S
BAL HARBOUR FL 33154-1417
US

NEW ADDRESS

3. Date Incorporated or Qualified
08/15/1995

3a. Date of Last Report
06/19/1996

2. Principal Place of Business

21 1200 NE 91 TERRACE
Suite, Apt. #, etc.

2a. Mailing Address

26 1200 NE 91 TERRACE
Suite, Apt. #, etc.

4. FEI Number

NOT APPLICABLE 65-069448

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

22 City & State
23 Miami Shores, FL
24 33138 25 Country

27 City & State
28 Miami Shores, FL
29 33138 30 Country

9. Name and Address of Current Registered Agent

COHEN, PAUL
10275 COLLINS AVE 1219 S
BAL HARBOUR FL 33154

*1200 NE 91 TERRACE
Miami Shores, FL 33138*

10. Name and Address of New Registered Agent

81 Name

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

1200 NE 91 TERRACE

83

84 City

Miami Shores FL

FL

85 Zip Code

33138

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 typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/97

12. OFFICERS AND DIRECTORS

TITLE CP
NAME COHEN, PAUL
STREET ADDRESS 10275 COLLINS AVE 1219 S
CITY-ST-ZIP BAL HARBOUR FL

TITLE S
NAME COHEN, GAYLE
STREET ADDRESS 10275 COLLINS AVE 1219 S
CITY-ST-ZIP BAL HARBOUR FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PAUL Cohen
1.2 NAME
1.3 STREET ADDRESS 1200 NE 91 TERRACE
1.4 CITY-ST-ZIP Miami Shores, FL 33138

2.1 TITLE GAYLE Cohen
2.2 NAME
2.3 STREET ADDRESS 1200 NE 91 TERRACE
2.4 CITY-ST-ZIP Miami Shores FL 33138

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

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0208907

CR2E034 (9/96)