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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF: STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90067 044 ***150.00

DOCUMENT # F9600006062 1. Corporation Name

STRATOSPHERE MULTIMEDIA CORP.

Principal Place of Business Mailing Address									
65 E 55TH ST NY NY 10022		65 E 55TH ST NY NY 10022			DO NOT WRITE IN THIS SPACE				
	•				3. Date Incorporated or Qualifed 11/20/1996				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For				
21	•	26			65-0607145 Not Applicable				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired Services Services \$8.75 Additional Fee Required				
City & Stat	le	City & State		141	6. Election Campaign Financing \$5.00 May Be				
23			Zip Country		8. This corporation owes the current year Intangible				
Zip				Personal Property Tax.					
24 25 29 30 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
	9. Name and Address of Curre	ent Kegisteren Agent	8	1 Name					
	C GROUP, INC. 5 GLADE RD #124A		8	'''	Street Address (P.O. Box Number is Not Acceptable)				
1	CA RATON FL 33431		8	3					
	.\			4 City	FL 85 Zip Code				
-45	to the provisions of Sections 607. registered agent, or both, in the Stal am familiar with, and accept the oblig	ianat Florida. Such channe wa:	s anmonzeu c	IV LITE COLD	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered				
SIGNATURE		· .			DATE				
	Signature, typed or printed name of registered a	gork and the mapping to	OTE: Registered A	jent signature r	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
	12.				Change Addition				
TITLE	DCP	LJ UGLETE	1.1 TITLE	-	· · · · · · · · · · · · · · · · · · ·				
The second secon									

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. (NOTI	: Registered Agent signature required	when reinstating)	DATE						
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANG	ES TO OFFICERS A						
TITLE	DCP DELETE	1.1 TITLE	• • • • •		☐ Change	☐ Addition				
NAME	FEHR, LEE	1.2 NAME								
STREET ADDRESS	65 E 55TH ST	1.3 STREET ADDRESS								
CITY-ST-ZIP	NY NY 10022	1.4 CITY-ST-ZIP								
TITLE	DS DELETE	2.1 TITLE	·		Change	Addition				
NAME	MICHELIN, PAUL	2.2 NAME								
STREET ADDRESS	%FMC GROUP, INC. 2255 GLADES RD #124A	2.3 STREET ADDRESS								
CITY-ST-ZIP	BOCA RATON FL 33431	2. 4 CITY-ST-ZIP								
TITLE	DVP DELETE	3.1 TITLE			Change	☐ Addition				
NAME · ·	PERRETTY, JAMES	3.2 NAME								
STREET ADDRESS	%FMC GROUP INC, 2255 GLADES RD, 1288	3.3 STREET ADDRESS	A process	据约束 毛属化						
CITY-ST-ZIP	BOCA RATON FL	3.4. CITY-ST-ZIP				T Addition				
TITLE	∫ DELETE	4.1 TITLE		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Change	Addition				
NAME.	<u>.</u>	4. 2 NAME				İ				
STREET ADDRESS		4.3 STREET ADDRESS								
CITY-ST-ZIP		4.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		Addition				
TITLE	☐ DELETE	5.1 TITLE	i .	•	Change	☐ Addition				
NAME		5.2 NAME	•	•						
STREET ADDRESS		5.3 STREET ADDRESS								
CITY-ST-ZIP		5.4 CITY-ST-ZIP		<u>.</u>	☐ Change	Addition				
TITLE	DELETE	6.1 TITLE			□ Change	☐ Vagagou				
NAME		6.2 NAME	•							
STREET ADDRESS		6.3 STREET ADDRESS								
CITY-ST-ZIP	11. 11. 11. 11. 11. 11. 11. 11. 11. 11.	6.4 CITY-ST-ZIP	cotion 440 07/2)/i) Florid	a Statutes I further ce	ertify that the in	nformation				

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: