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 May 07, 1999 8:00 am Secretary of State

05-07-1999 90154 022 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT	#	G 1	7436
1. Corporation Name		<u> </u>	

CEA ENTERTAINMENT, INC.

Principal Place of Business % H. GENE GAWTHROP 101 E KENNEDY BLVD 3300 TAMPA FL 33602

Mailing Address % H. GENE GAWTHROP 101 E KENNEDY BLVD 3300

TAMPA FL 33602

2a. Mailing Address Principal Place of Business 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 22 City & State City & State 28 23

Country Zip Country Zip 25 30 29

4. FEI Number 59-2264200 5. Certifcate of Status Desired

6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year Intangible

3. Date incorporated or Qualifed

12/29/1982

Personal Property Tax. 10 Name and Address of New Registered Agent

Added to Fees □No

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

POLLOCK, GEORGE JR 101 E KENNEDY BLVD **SUITE 3300** TAMPA FL 33602

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent		
CK, GEORGE JR KENNEDY BLVD 3300 I FL 33602	81 Name		
	82 Street Address (P.O. Box Number is Not Acceptable)		
	83		
	84 City	85 Zip Code	
	the state of the state of the state of the suppose	of changing its registered	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this s office or registered agent, or both, in the State of Fiorida. 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

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(NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ Change ☐ Addition □ DFLETE TITLE 1.1 TITLE BURNS, DAVID A 1.2 NAME NAME 101 E KENNEDY BLVD #3300 1.3 STREET ADDRESS STREET ADDRESS TAMPA, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition ☐ DELETE 2.1 TITLE TITLE MICHAELS, PATRICK J. JR. 2.2 NAME 101 E KENNEDY BLVD 2.3 STREET ADDRESS STREET ADDRESS TAMPA. FL 00000 2. 4 CITY-ST-ZIF CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE CARDY, THOMAS W 3.2 NAME NAME 101 E. KENNEDY BLVD., SUITE 3300 3.3 STREET ADDRESS STREET ADDRESS TAMPA FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE POLLOCK, GEORGE A JR. 4 2 NAME NAME 101 E. KENNEDY BLVD., SUITE 3300 4,3 STREET ADDRESS STREET ADDRESS TAMPA FL 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 52 NAME GORDON, BRAD A NAME 5.3 STREET ADDRESS 101 E. KENNEDY BLVD., SUITE 3300 STREET ADDRESS 54 CITY-ST-ZIP TAMPA FL CITY-ST-ZIP Addition ☐ Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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:

CITY-ST-ZIP

CR2E034