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Mailing Address BOX 916369

LONGWOOD FL 32791

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90103 004 ***150.00

CR2E034 (11/98)__

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H21924 1. Corporation Name

BOX 916369 LONGWOOD FL 32791

Principal Place of Business

SIGNATURE:

MILD MANNERED ENTERTAINMENT, INC.

3. Date Incorporated or Qualified Ogy/201984 2. Principal Place of Business 2. Mailing Address 2. A FEI Number 59-2467341 Applied Fer 171 Applied Fer 171 Suite, Apt. if. etc. 2. Suite, Apt. if. etc. 2. Suite, Apt. if. etc. 2. Toy & State 2. City & State 2. City & State 2. City & State 2. City & State 3. City & State 3. City & State 3. City & State 4. City & State 5. City &	US	32731	US				ļ	DO NOT WRITE IN THIS SPACE							
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9. Name and Address of Current Registered Agent DICKSON, MICHAEL H BOX 916369 LONGWOOD FL 32791 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 edifice 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, lam trampliar with, and accept the appointment are registered agent, lam trampliar with, and accept the appointment are registered by the corporation's board of directors. I hereby accept the appointment are registered agent, lam trampliar with, and accept the appointment are registered by the corporation's board of directors. I hereby accept the appointment are registered agent, and the provisions of Sections 607,0502, inches Seatures. SIGNATURE SIGNATURE DECENTION OFFICERS AND DIRECTORS 12. NOTE Required Agent sepation register sepation register and registered agent. A statutes are registered agent agent agent and registered agent	:3		28						Trust Fund Cor	tribution		A	ided to	Fees	
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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.	14. I hereby of indicated officer or	on this annual report or supplemental a director of the corporation or the receiv	annual rep er or trust	oort is true and accura tee empowered to ex	ate and th ecute this	at m rep	ny signatu ort as req	ture shall quired by	II have the same	legal effect as	ır mace yr	ider oatn	; tnat i	am an	