Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business

Suite, Apt. #, etc.

City & State



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

28

DOCUMENT # J87398 1. Corporation Name

CLASS ACT ENTERTAINMENT, INC.

Principal Place of Business	Mailing Address
5236 GOLD TREE CT	5236 GOLD TREE CT
ORLANDO FL 32808	ORLANDO FL 32808

Country

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90244 029 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

08/17/1987

59-2840032

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

ΖIP	Country	-P		Ju. 10, y		e. This corpor	audit owes the content	your intuity	y		
ī	25	29	30				roperty Tax.			□No	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
				81	Name						
	ey, thomas L.			82	Street Ad	dress (P.O. Box Nu	mber is Not Acceptable	e)			
5236	GOLD TREE CT				Guodina	arooo (r .o. box rra					
ORL	ANDO FL 32808			83							
									sl 7:50	·ada	
				84	City			FL °	5 Zip C	-one	
I1. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida	Statutes, the	above	e-named co	rporation submits th	is statement for the pur	rpose of cha	nging its	registered	
office or re	egistered agent, or both, in the State of magnitude with, and accept the obligation	ns of, Section 607.05	e was authoriz 605, Florida S	tatutes.	ine corpora	lion's board or direc	iors. Thereby accept ii		2111 G3 105	,,5,6,64	
	10-015	Thomas	I. Da	*	PASSID	end.	4	/16/99	}		
SIGNATURE	Signature, typed or printed name of registered agent a		(NOTE: Registe	rez Agen	t signature requ	ired when reinstating)		DATE			
12.	OFFICERS AND	DIRECTORS	1	3.		ADDITIONS	CHANGES TO OFFIC				
ITLE	DP) DEI	.ETE 1.1	TITLE				L	Change	☐ Addition	
IAME	DACEY, THOMAS L.		1.3	2 NAME							
TREET ADORESS	5236 GOLD TREE CT.		1.3	3 STREET	ADDRESS						
CITY-ST-ZIP	ORLANDO FL		1.4	4 CITY-S	r-ZIP						
TTLE	1 201 11	☐ DEL	.ETE 2.	† TITLE					Change	☐ Addition	
IAME			2.3	2 NAME						1	
TREET ADDRESS			2.:	STREET	ADDRESS					}	
CITY-ST-ZIP	reserved to the second		2.	4 CITY-S	T-ZIP		*				
TILE		☐ DEI	.ETE 3.	1 TITLE					Change	☐ Addition	
IAME			3.	2 NAME							
TREET ADORESS			3.	3 STREET	ADDRESS						
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TTLE		☐ DEI		1 TITLE					Change	☐ Addition	
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TREET ADDRESS	•		4.	3 STREET	ADDRESS						
CITY-ST-ZIP			4.	4 CITY-S	T-ZIP						
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TREET ADDRESS	•		5.	3 STREET	TADORESS	•	•		•		
CITY-ST-ZIP -	[- · · · ·		5.	4 CITY-S	T-ZIP						
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IAME [h.		6.	2 NAME						l	
STREET ADDRESS			6.	3 STREET	T ADDRESS					ļ	
			6.	4 CITY-S	T-21P					Ì	
CITY-ST-ZIP					· -·	0 - 1' - 440 07(0)		. Alban a and if .			

Country

4. 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 informatio 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: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/88 (40))39/-2/

CR2F034 (11/98)