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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J97362 (4)

KEN HATLEY AND ASSOCIATES ENTERTAINMENT MANAGEME NT CORP., INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address		T COMPLLE MEND INDIAN HANDOM HALLER MENDE HAND HAND AND A	AINN CINN BINN BINN NINN BIEN 1801
486 W. OSCEOLA STREET 486 W. OSCEOLA STREET					
CLERMONT FL 34711 CLERMONT FL 34711					
				DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualified 10/13/1987	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26				59-2967203	Not Applicable
Suite, Apt. #, etc. 22 186 W. OSCEOLA ST 486 W. OS			SCEOLA ST	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State				6. Election Campaign Financing	\$5.00 May Be
23 CLEKMONT, FL 28 CLERMON				Trust Fund Contribution	Added to Fees
¬ ^{Zip} ユルフ	Country	Zip	Country	8. This corporation owes or has paid the	
24 54 1	25 05		0 <i>US</i>	Personal Property Tax due June 30.	Yes No
04 N				10. Name and Address of New Registe	rea Agent
MAILET, NEN				EN HATLEY	
	W. OSCEOLA ST.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	· -
CLERMONT FL 34711			83 484	e w. OSCEOLA.	<i>>/.</i>
				ELMONT FLA	
			84 City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FL 85 30 Gode
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	1. Alux	IN PRE	KEN	HATLEY PRES.	4-20-98
Signature, typed or printed may be of registered agents in the interpretation of the printed p					
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PS NATION NO.	DELETE	1.1 TITLE		Change Addition
NAME	HATLEY, KEN		1.2 NAME		
STREET ADDRESS	486 W. OSCEOLA ST.		1.3 STREET ADDRESS	_	Į.
CITY-ST-ZIP	CLERMONT FL 34711	DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DECEIE	21 TITLE		Li custuße Li vorbition i
NAME			2.2 NAME	. 1	
STREET ADDRESS			2.3 STREET ADDRESS		
CiTY-ST-ZIP		DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE		C) DECEIE	3.1 TITLE		☐ cuange ☐ xooroon
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-SI-ZIP		DELETE	3.4. CITY-ST-ZIP	 	Change Addition
TITLE		L_ Dettele	4.1 THLE		CT CHANGE CT MORNINGS
NAME			4. 2 NAME		j
STREET ADDRESS			4.3 STREET ADDRESS		
CFTY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
		LJ beceie			Li Change Li Audition
NAME OTOGET 4000000			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	· · ·	☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		Change Rudition
1					
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. Thereby 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 of 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.

4-20-98 352-394-8761