FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:39

DOCUMENT # K04006 (8)

1. Corporation Name
ANALLIN ENTERTAINMENT CORP.

Principal Place of Business	Mailing Address
% DAMIAN M. LAGENNUSA JR 2702 ALAMOSA CT APOPKA FL 32703	% DAMIAN M. LAGENNUSA JR 2702 ALAMOSA CT APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/25/1987
3a. Date of Last Report: 03/18/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

LAGENNUSA, DAMIAN M. JR
2702 ALAMOSA CT
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and the date as to each
NOTE: Registered Agent signature required when reinstated

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CT	11 TITLE	CT-PD	☑ Change ☐ Addition
NAME	LAGENNUSA, DAMIAN M. JR	12 NAME	LAGENNUSA M. JR	
STREET ADDRESS	2702 ALAMOSA CT	13 STREET ADDRESS	2702 ALAMOSA CT	
CITY-ST-ZIP	APOPKA FL	14 CITY-ST-ZIP	APOPKA FL 32703	
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	STENKAMP, MICHAEL H	22 NAME		
STREET ADDRESS	2470 MC MICHAEL RD.	23 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL 34771	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE	D	☑ Change ☐ Addition
NAME	LODGE, MICHAEL J	32 NAME	Steven Linenfelser	
STREET ADDRESS	8012 LESIA CIR.	33 STREET ADDRESS	3224 O Berline Ave	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	Orlando, Florida	
TITLE	VSD	41 TITLE		☐ Change ☐ Addition
NAME	LAGENNUSA, JOSEPH M	42 NAME		
STREET ADDRESS	2702 ALAMOSA CT.	43 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL	44 CITY-ST-ZIP		
TITLE	VD	51 TITLE		☐ Change ☐ Addition
NAME	VRBAN, GEORGE	52 NAME		
STREET ADDRESS	2919 LANTANA LAKE DR.	53 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32246	54 CITY-ST-ZIP		
TITLE	VD	61 TITLE		☐ Change ☐ Addition
NAME	VRBAN, JOHN	62 NAME		
STREET ADDRESS	1035 KELSEY AVENUE	63 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL 32765	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Damian M Lagennusa — 407-886-1416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DAMIAN M. LAGENNUSA JR.

0036421 CP