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

PROFIT CORPORATION **ANNUAL REPORT**

1997

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K39590

(0)

FAMOUS FACES ENTERTAINMENT CORP.

Principal Place of Business Mailing Address * PAUL LEVINE * PAUL LEVINE * PAUL LEVINE * 2013 HARDING ST * HOLLYWOOD FL 33020-2714			D-2714			
				 Date Incorporated or Qualified 10/17/1988 	3a. Date of Last Report 06/19/1996	
2. Principal P	lace of Businoss	2a. Mailing Address		4. FEI Number 65-0076087	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	Ө	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country	8. This corporation has liability for	·····	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New R		
LEVINE, PAUL 2013 HARDING ST HOLLYWOOD FL 33020				63		
SIGNATURE	Signature, typed or printed name of registered a	gest and tille if injericable (if	NOTE: Registered Agent signature re		DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI		
TITLE NAME STREET ADDRESS DITY-ST-ZIP	PD LEVINE, PAUL 2013 HARDING ST HOLLYWOOD FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - S1 - ZIP	7000023 -08/05/ ****38	□ Change □ Addition 2578879 79701046807 35.00 ****385.00	
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			· 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-7IP	700002 3 -08/05/ ****17	2578979 9701046008 3.75 ****173.75	
TITLE NAME		DELETE	3.1 TITLE 3.2 NAME		Change Addition	
STREET ADDRESS			3 3 STREET ADDRESS 3.4. City-St-Zip			
TITLE NAME		DELETE	4.1 TITLE 4. 2 NAME		☐ Change ☐ Addition	
TREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 City-St-Zip	0.	1	
TITLE NAME		DELETE	5.1 TITLE 5.2 NAME	K	Change Addition	

CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling poos 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 supplication 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 of justes in provided 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 attact ment will an address.

5.3 STREET ADDRESS

63 STREET ADDRESS

A.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DENCTE

Change

Addition

FILED

97 AUG -4 AM 10: 46

SECRETARY OF STATE TALLAHASSEE, FLORIDA