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

PROFIT CORPORATION **ANNUAL REPORT** 1997



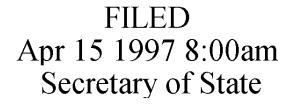
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L02024

(2)

ENTERTAINMENT AGENTS, INC. Principal Place of Business Mailing Address





4/11/47 (205)/11/12/3

620 TIBIDABO AVENUE CORAL GABLES FL 33143		620 TIBIDABO AVENUE CORAL GABLES FL 33143-6329				
					3. Date Incorporated or Qualified 07/14/1989	3a. Date of Last Report 05/01/1996
2. Principal Plac	e of Business	2a. Mailing Address 26		4. FET Number 65-0139251	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State 28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	29 Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ✓ Yes ☐ No		
	Name and Address of Currer MAN, RONNIE	nt Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent
	BIDABO AVENUE					
	GABLES FL 33143		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)
			83			
			84	City		FL 85 Zip Code
office or regi	the provisions of Sections 607.050 istered agent, or both, in the State familiar with, and accept the oblig	: of Horida. Such change was au	athorized by	the corpora	poration submits this statement for the p Fort's board of directors. I horeby accep	urposo of changing its registered I the appointment as registered
SIGNATURE						
12.	nature, typed or pented name of registered as	entander d'applicable (NOS) ID DIRECTORS	Fe gistered Age ■ 13.	ont agristuo respir	and when remaining) ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE C		DHETË	13. 11100	1	ADDITIONS/GITANGES TO OFFICE	Change Addition
	RIEDMAN, RONNIE		1.2 NAME			
	20 TIBIDABO AVENUE		1 3 STREET	ADDRESS		
DITT- DITE!	ORAL GABLES FL	□ 60.0ï · · · ·	140117-8	ar-, zie		The colours of the Market
TITLE		DELGE	21100			Change Addition:
NAME Street Address			22 NAME 23 SUBCET	ADDRESS		
CITY-ST-ZIP			2 4 CHY-	1		
TITLE	· <u>·······</u> ····························	☐ DELFTE	3111111			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 S1B(F)	ADDRESS		
CITY-ST-ZIP		The second	3 4. CHY-	\$1 - 7 (P		
TITLE		L_ DELETE	4 : 1111.E 4 2 NAME			Change Addition
NAME Street address			4 3 STREET	Ambatice		
CITY-ST-ZIP			4.4 CitY- S	1		
TITLE		DETITE	51100	· · · · · · · · · · · · · · · · · · ·		Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STRECT	ADDRESS		
CITY-ST-ZIP		to the same of the	5.4 CHY- 5	J-7:P		
TITLE		DELF1E	617111			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREU			
CITY-ST-ZIP		ar an are an experience of the contract of the	6.4 C/TY - S	II ZIP	un la compression de la compression della compre	er de la companya de

14. I do hereby certify that the information supplied with this filing does not quality 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 ham 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 13 if changed or on an attachment with an address. Porque Francisco