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FILED  
Apr 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L39573 (5)  
1. Corporation Name  
ENTERTAINMENT INTERNATIONAL, INC.



Principal Place of Business % ANTOINETTE J WHEAT 4024 W BUSCH BLVD TAMPA FL 33612-7710 US	Mailing Address 2004 % ANTOINETTE J WHEAT 1924 W BUSCH BLVD TAMPA FL 33612-7740 US 7568
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3. Date Incorporated or Qualified 12/26/1989  
3a. Date of Last Report 03/11/1996

2. Principal Place of Business 21 18565 KINGBIRD DR. Suite, Apt. #, etc. 22 City & State 23 LUTZ, FL 24 Zip 33549-2710 Country HILLSBOROUGH	2a. Mailing Address 26 18565 KINGBIRD DR. Suite, Apt. #, etc. 27 City & State 28 LUTZ, FL 29 Zip 33549-2710 Country HILLSBOROUGH
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4. FEI Number 59-2986252  
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 WHEAT, ANTOINETTE J 2004 4024 W BUSCH BLVD TAMPA FL 33612-7568	10. Name and Address of New Registered Agent 81 Name CHARLES R. BELKNAP 82 Street Address (P.O. Box Number is Not Acceptable) 18565 KINGBIRD DR 83 84 City LUTZ FL 85 Zip Code 33549
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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 *[Signature]* DATE 3/29/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELKNAP, CHARLES ROBERT	1.2 NAME	
STREET ADDRESS	18565 KINGBIRD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	
TITLE	SVD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSEN, TONNY HJORT	2.2 NAME	
STREET ADDRESS	3505 MAXTON TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINSTON-SALEM NC	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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. I am an officer or director of the corporation or the receiver or trustee appointed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from the information with an address.

SIGNATURE *[Signature]* DATE 3/29/97

CR2E034 (9/96)