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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L53458

· ·	ENTERTAINMENT, INC.	,						
Principal Plac	ce of Business	Mailing Address			-	II BIIUI KEKI BIBI	I Uluit Albii Bibii	BIBLI BIBJI IBBI
151 EAST OHIO AVENUE LAKE HELEN'FL 32744 US 2962 FALLING TREE CIR ORLANDO FL 32837 US					DO NOT W	RITE IN TH	S SPACE	
					3. Date Incorporated or Qualife 02/26/1990	ed		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21.		26			59-2998734			ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
City & Stat	to.	City & State						equired
	te .	— ·			6. Election Campaign Financin	^{ig} □	\$5.00	
Zip	Country	Zip	Country		Trust Fund Contribution		Added	to Fees
·	25		30		This corporation owes the corporation of	urrent year l	ntangible Yes	□No
24	9. Name and Address of Curre		30		10. Name and Address of New	v Ponistoro		
	T. Wallo alla Madicoo di Gallo	ne regiotorea rigent	81	Name	io. Ivanio and Address of Nev	v ivegistere	a Agent	•
SIRI	MONS, PAUL							
296	2 Falling tree CIR		82	Street Addre	ess (P.O. Box Number is Not Acce	ptable)		
ORL	ANDO FL 32837		83					23 2 2 30
							<u> </u>	
•			84	City		Fi	85 Zip (Code' Code
 office or r 	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the obliga	e of Florida. Such change was au	thorized by th	named corpo ne corporation	ration submits this statement for the n's board of directors. I hereby acc	ne purpose o cept the appo	of changing its pintment as re	registerea gistered
SIGNATURE	Signature, typed or printed name of registered age		da Statutes. Registered Agent si	signature required	when reinstating)	DATE		<u> </u>
SIGNATURE	Signature, typed or printed name of registered age			signature required	when reinstating) ADDITIONS/CHANGES TO C		ND DIRECTO	PRS IN 12
	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Agent s	signature required	ADDITIONS/CHANGES TO C		ND DIRECTO	PRS IN 12
12.	Signature, typed or printed name of registered age OFFICERS A	ant and title if applicable. (NOTE: ND DIRECTORS	Registered Agent si	signature required				
12.	Signature, typed or printed name of registered age OFFICERS AI P SIRMONS, PAUL T.	ant and title if applicable. (NOTE: ND DIRECTORS	Registered Agent si 13.		ADDITIONS/CHANGES TO C			
12. YITLE	Signature, typed or printed name of registered age OFFICERS AI P SIRMONS, PAUL T.	ant and title if applicable. (NOTE: ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	DDRESS	ADDITIONS/CHANGES TO C			
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12. TITLE ; NAME ; STREET ADDRESS CITY- ST- ZIP	Signature, typed or printed name of registered age OFFICERS AI P SIRMONS, PAUL T. 2962 FALLING TREE CIR. ORLANDO FL 32837	ent and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered Agent si 13. 1.1 TITLE 1.2 NAME 1.3 STREET AG 1.4 CITY-ST-Z	DDRESS	ADDITIONS/CHANGES TO C	OFFICERS A	☐ Change	☐ Addition
12. TITLE ; NAME ; STREET ADDRESS CITY-ST-ZIP TITLE	P SIRMONS, PAUL T. 2962 FALLING TREE CIR. ORLANDO FL 32837 ST ROGERS, GARY	ent and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered Agent si 13. 1.1 TITLE 1.2 NAME 1.3 STREET AI 1.4 CITY-ST-Z 2.1 TITLE	DDRESS ZIP	ADDITIONS/CHANGES TO C		☐ Change	☐ Addition
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14. I 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; 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 with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTO

PAUL SIRMONS

1/14/99 (800) 459-0327

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90039 039 ***150.00

CR2E034 (11/98)