FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of Stale

DIVISION OF CORPORATIONS

	1996	DIVISION OF CO	ORPORATIONS			
1. Corporation	MENT # L76104 ENTERTAINMENT, INC.	4 (3)		I MARIARY DIA 18018 BURI MARY DAM	I EL BJAN ANGJU ANGJU ANGJU BJAN ANGJU KAN	
Principal Place of Business 5105 W CYPRESS ST -SUFFE-1 TAMPA FL 33607		Mailing Address 15210 AMBERLY DRIVE APT 912 TAMPA FL 33647				
US		US		3. Date incorporated or Qualified 05/17/1990	3a. Date of Last Report 08/04/1995	
2. Principal Place of Business		2a. Mailing Address	20116	4. FEI Number	Applied For	
21 Suite, Apt. #, etc.		26 4.0 Box 2 Suite Apt. #, etc.	2714	59-3039724	Not Applicable \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State	City & State 28 TAMPA FL		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for it	Added to Fees htangible tax under s 199.032,	
24	25		10 HILLSDA		—.	
	g, Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New R	<u> </u>	
LANGE, KENNETH C. LANGE 82 Street Address (P.O. Box Number is Not Acceptable)					vg e	
15210 AMBERLY DRIVE				20-00-2274	\$	
	ENTMENT 1912		83 15	210 AMBERIYD	R 9/2 200	
TAMPA F	L 3304/		84 City	AMPA	85 Zip Code	
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named co		pose of changing its registered office	
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	Aunio Than	y	4	4-,	12-96	
12.	Signature typed or printed name of Registered agent	ID DIRECTORS	Registered Agent signature in	equired when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	
THLE	D	□ DELETE	1. 1 TITLE		Change Addition	
NAME	LANGE, KENNETH C.		1.2 NAME		CERS AND DIRECTORS IN 12 Change Addition Change Addition	
STREET ADDRESS CITY-S1-ZIP	15210 AMBERLY DR 912 TAMPA FL		1.3 STREET ADDRESS		<u> </u>	
TITLE	D	DELFTE	1.4 CITY-ST-ZIP 2 1 TITLE	D	12 Change 1200hillion 1	
NAME	Lange, Kevin C.	.•	2 2 NAME	Keuw C. LANGE 15210 AMBERLY TAMPA-FL 336	x · _	
STREET ADDRESS	15501 BRUCE B DOWNS BLV	/D	2.3 STREET ADDRESS	15210 AMBERLY	DLGIV	
CITY-ST-ZIP	TAMPA FL	☐ DELETE	2.4 CITY-ST-ZIP 3.1 THTLE	TAMPA - FK 336	Y7 ☐ Change ☐ Addition	
NAME		J OLECTIC	3 7 THE			
STREET ADDRESS			3.3. STREET ADDRESS			
CITY-ST-ZIP			3.4 CHY-S1-ZIP			
TITLE		☐ DEL.ETE	4 1 TITLE		Change Addition	
NAME STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 C(TY-ST-Z(P			
TITLE	777777777777777777777777777777777777777	DELETE	5. 1 TITLE	600001 81 -05/07/96010	Addition Addition	
NAME			5 2 NAME	~05/07/96~~010 ***200.00	24009	
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDRESS	*** * ይህህ , ሀኒ		
TITLE		DELETE	5.4 CHY-ST-ZIP 6 1 TITLE		Change Addition	
NAME			6 2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS		5 1h	
14, I do hereby	certify that the information supplied	with this filing is voluntary furnished	6.4 CITY-ST-ZIP	lify for the exemption stated in Section 110 (07(3)(k) Florida Statutes I further	
14. I do hereby certify that the information supplied with this filing is voluntary furnished and does not qualify for the exemption stated in Section 119,07(3)(k), 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 in trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name						
appears in	Block 12 or Block 18 if changed, or a	on an attachment will an address		the report as required by Grapisi 607, FIC	And Ordinating harrie	
SIGNATURE: 11-196 813-2889225						
SACRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Dayling Phono II						