## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9300004433 (9)

## GRANTME ENTERTAINMENT, INC.

Principal Place of Business

7280 SW 110 TERRACE
MIAMI FL 33156

Principal Place of Business

7280 SW 110 TERRACE
MIAMI FL 33156-4536

FILED
May 08 1997 8:00am
Secretary of State



WILL     E   00100	•			4711	1 L 00100 1000										
										<b>3</b> . D	ate Incorporated or Qualified 09/30/1993	За.	Date of <b>05/0</b>		
2. Principal Place of Business					2a. Mailing Address					4. FE	I Number			A	plied For
21					26						65-0451743		Ì		ot Applicable
Suite, Apt	Suite, Apt. #, etc.	uite, Apt. #, etc.				<b>.</b> C	ertificate of Status Desired				Additional				
22 27										<b>3.</b> C	entificate of Status Desired			ee R	equired
City & State										6. El	ection Campaign Financing		\$	5.00	May Be
23				28						Tr	ust Fund Contribution			dded	to Fees
Zip		Coun	try		Zip	<u> </u>	Count	ry			ils corporation has liability for in				. 199.032,
24	24 25 25 9. Name and Address of Curre				30 30					Florida Statutes Yes No  10. Name and Address of New Registered Agent					
	у, матне	anu Adu	ess of Curren	Hegn	itered Agent		8	4	Name	10. N	ame and Address of New He	erere	d Ageni		
TARR ATTRIBALL								"	Maine						
TARR, STEPHAN H							8	82 Street Address (P.O. Box Number is Not Acceptable)							
28 W FLAGLER ST 11H FLOOR								3	·····						
MIAMI FL							ـ ا	1					<del> </del>	, <u></u>	
								4	City			F	L 85	l '	Code
11. Pursuant t	to the provis	ions of Se	ctions 617.0502	2 and 6	17.1508, Florida Stati	utes,	the abo	ve-	named corpo	poration s	ubmits this statement for the pr	urpose	of chan	glng i	s 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 617.0503, Florida Statutes.															<b>ខេត្ត</b> នេះមាជ
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Register									t signature require	red when reir	islating)	DATE	,		
12.	OFFICERS AND DIRECTORS							13.		AD	DITIONS/CHANGES TO OFFIC	ERS AI	ND DIRE	CTOF	IS IN 12
TITLE	PD				☐ DELETE		1.1 TITLE						C	hange	☐ Addition
NAME	tarr, s						1.2 NAM	E							
STREET ADDRESS	7280 SW 110TH TERR							1.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI F	<u>L</u>					1.4 CITY	- ST-	-ZIP						
TITLE	SD				☐ DELETE		2.1 TITLE						C	hange	Addition
NAME	TARR, S						2.2 NAMI	E	1						
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NAME							4. 2 NAM								
STREET ADDRESS							4.3 STRE								
CITY-ST-ZIP					- KA1. 444		4.4 CITY		-ZIP	*******					
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NAME							5.2 NAME								
STREET ADDRESS							5.3 STREI		·						
CITY-ST-ZIP							5.4 CITY	******	-ZIP						
TITLE					DELETE		6.1 TITLE						[] C	nange	Addition
NAME							6.2 NAME								
STREET ADDRESS							6.3 SYRE	ET A	DDRESS						
CITY-ST-ZIP							6.4 CITY-	- 57-	- 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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR OFFICER

4/29/9-

669-1893 Daytime Phone # 0027666