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97 JUN 27 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003110 (1)

1. Corporation Name

RADIOACTIVE ENTERTAINMENT INC.

Principal Place of Business

Mailing Address

RT 1 BOX 178
PERRY FL 32347

RT 1 BOX 178
PERRY FL 32347-0710



3. Date Incorporated or Qualified

06/11/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1915 MIMOSA AVE

26 1915 MIMOSA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 HUTCHINSON ISLAND, FL

28 HUTCHINSON ISLAND, FL

Zip

Country

Zip

Country

24 34949

25 USA

29 34949

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHULTZ, JOHN
6369 BOMBADIL RD
TALLAHASSEE FL 32303

81 Name

Thomas Newcamp

82 Street Address (P.O. Box Number is Not Acceptable)

1915 MIMOSA AVE

83

84

HUTCHINSON ISLAND FL

85 Zip Code

34949

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Thomas Newcamp

4-28-97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition

PRESIDENT

Thomas Newcamp

1915 MIMOSA AVE

HUTCHINSON ISLAND, 34949

VICE PRESIDENT

CAROL ANDREW

1915 MIMOSA AVE

HUTCHINSON ISLAND 34949

SECRETARY

SHANN RAY

RT 1 Box 178

Perry, FL 32348

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 changed, or on an attachment with an address.

Dep. \$61.25

CR2E037 (9/96)