SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 PM 11:13

DOCUMENT # **P92000004415 (5)**

1. Corporation Name
NEW WORLD ENTERTAINMENT, CORP.

Principal Place of Business	Mailing Address
~~2350 N STATE ROAD 7~~ ~~LAUDERHILL FL 33313~~ 1003 NW 9th Ave	~~2395 N STATE ROAD 7~~ ~~LAUDERHILL FL 33313~~ 1003 NW 9th Ave

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1992	3a. Date of Last Report: 09/09/1994
4. FEI Number: 65-0416311	☐ 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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 1003 NW 9th Ave	26 1003 NW 9th Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Fort Lauderdale	City & State 28 Fort Lauderdale
Zip 24 33311 County 25 Broward	Zip 29 33311 County 30 Broward

9. Name and Address of Current Registered Agent

MOORE, CARLTON B
1003 NW 9TH AVE
FT.LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 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] 6/14/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Must be dated and signature required when mailing) DATE

12. OFFICERS AND DIRECTORS

		13. ADDITIONS, CHANGES, OR DELETIONS
TITLE	P	11 TITLE ☐ Change ☐ Addition
NAME	MOORE, CARLTON B	12 NAME P Moore, Carlton
STREET ADDRESS	~~2395 N STATE ROAD 7~~ 1003 NW 9th Ave	13 STREET ADDRESS 1003 NW 9th Ave
CITY ST ZIP	~~LAUDERHILL FL~~ Ft Lauderdale 33311	14 CITY ST ZIP Fort Lauderdale FL 33311
TITLE	V	21 TITLE ☐ Change ☐ Addition
NAME	MYLES, GEORGE	22 NAME V Moore, Carlton
STREET ADDRESS	2395 N STATE ROAD 7 1003 NW 9th Ave	23 STREET ADDRESS 1003 NW 9th Ave
CITY ST ZIP	LAUDERHILL FL Ft Lauderdale 33311	24 CITY ST ZIP Fort Lauderdale, FL 33311
TITLE	ST	31 TITLE ☐ Change ☐ Addition
NAME	MYLES, GEORGE	32 NAME ST Moore, Carlton
STREET ADDRESS	2395 N STATE ROAD 7 1003 NW 9th Ave	33 STREET ADDRESS 1003 NW 9th Ave
CITY ST ZIP	LAUDERHILL FL Ft Lauderdale 33311	34 CITY ST ZIP Fort Lauderdale, FL 33311
TITLE	V	41 TITLE ☐ Change ☐ Addition
NAME	MOORE, CARLTON B	42 NAME
STREET ADDRESS	~~2395 N STATE ROAD 7~~ 1003 NW 9th Ave	43 STREET ADDRESS
CITY ST ZIP	~~LAUDERHILL FL~~	44 CITY ST ZIP
TITLE	ST	51 TITLE ☐ Change ☐ Addition
NAME	MOORE, CARLTON B	52 NAME
STREET ADDRESS	~~2395 N STATE ROAD 7~~ 1003 NW 9th Ave	53 STREET ADDRESS
CITY ST ZIP	~~LAUDERHILL FL~~ Ft Lauderdale FL	54 CITY ST ZIP
TITLE		61 TITLE ☐ Change ☐ Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY ST ZIP		64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] 6/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/95)

0074870 CP