

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

FILED  
May 25, 2001 8:00 am  
Secretary of State  
05-25-2001 90294 011 \*\*\*150.00

CORPORATION  
ANNUAL REPORT  
**1993 2001**

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

DOCUMENT # **P92000005463 (4)**

1. Corporation Name  
**CINE-UNIVERSE CORP.**

Principal Place of Business  
**5353 N. FEDERAL HWY.  
#405  
FT. LAUDERDALE FL 33308**

Mailing Address  
**5353 N. FEDERAL HWY.  
#405  
FT. LAUDERDALE FL 33308**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country

3. Date Incorporated or Qualified  
**11/16/1992**

3a. Date of Last Report  
**APR. 2000**

4. FEI Number  
**APPLIED FOR 65-0594120**

5. Certificate of Status Desired  
☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  
☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
**HARGITAY, MICKEY  
5353 N. FEDERAL HWY.  
FT. LAUDERDALE FL 33308**

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HARGITAY, MICKEY
STREET ADDRESS	5353 N. FEDERAL HWY., #405
CITY - ST - ZIP	FT. LAUDERDALE FL 33308
TITLE	DST
NAME	HARGITAY, ELLEN
STREET ADDRESS	5353 N. FEDERAL HWY., #405
CITY - ST - ZIP	FT. LAUDERDALE FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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 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: **Mickey Hargitay** MICKEY HARGITAY PRES. 7/26/95 213-650-8264  
SIGNATURE AND TYPE OF OFFICER OR DIRECTOR Date Daytime Phone