FILE NOW: FILING FEE AFTER MAY 1ST IS \$5

Mailing Address

SUITE 231

26

19249 BAY LEAF CT

2a. Mailing Address

BOCA RATON FL 33498

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

19249 BAY LEAF CT

BOCA RATON FL 33498

Suite, Apt. #, etc.

2. Principal Place of Business

SUITE 231

22



ELORIDA DEPARTMENT

Sandra B. Mort

Secretary of Sta DIVISION OF CORPO

P93000016599 (1) DOCUMENT

DSR ENTERTAINMENT, INC.

50.00	FILED
OF STATE	Apr 06 1998 8:00am
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RATIONS	Scoretary of State



Suite, Apt. #, etc. Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name REMLAND, DAVID S 19249 BAY LEAF CT 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 231** 63 **BOCA RATON FL 33498** City 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, and accept the appointment as registered agent.

agent, cain taining with, and accept the obligations of, section obviosos, Fioritia statutes.								
SIGNATURE	Signature, typed or printed name of registered agent and little if applicable	(NOIE. R	egistered Agent signature	required when reinstaling) DATE				
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	DELETE	1.1 TITLE		Change	Addition		
NAME	REMLAND, DAVID \$	İ	1.2 NAME					
STREET ADDRESS	428 PLAZA REAL, SUITE 231		1.3 STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 C(TY-S1-ZIP					
TITLE	SD	DELETE	2.1 TITLE		Change	Addition		
NAME	R EMLAND, SHARI L		2.2 NAME					
STREET ADDRESS	428 PLAZA REAL, SUITE 231		2.3 STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33432		2. 4 CITY - \$T - ZIP					
TITLE		DELETE	3.1 TITLE		Change	Addition		
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3 4. CITY - ST - ZIP					
TITLE		DELETE	4.1 TITLE		Change	Addition		
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY - ST - ZIP					
TITLE		DELETE	5.1 TITLE		Change	Addition		
NAME			5 2 NAME					
STREET ADDRESS			5 3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		DELETE	61 TITLE		Change	Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY - ST - ZIP					

14. I hereby certify that the information supplied with this filing cindicated on this annual report of suppliemental annual report this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information amount region is true and eccurate and that my signature shall have the same legal effect as if made under oath; that I am an error puster employed to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in officer or director of the corpor Block 12 or Block 13 if change