

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
97 FEB 25 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000030871 (6)

1. Corporation Name  
WORLD VISION ENTERTAINMENT, INC.



Principal Place of Business

498 PALM SPRINGS DRIVE  
SUITE 100  
ALTAMONTE SPRINGS FL 32701

Mailing Address

498 PALM SPRINGS DRIVE  
SUITE 100  
ALTAMONTE SPRINGS FL 32701-7805

2. Principal Place of Business

21 407 WHOOPING LOOP  
Suite, Apt. #, etc.

22 SUITE 10603  
City & State

23 Zip Country

24

2a. Mailing Address

26 407 WHOOPING LOOP  
Suite, Apt. #, etc.

27 SUITE 10603  
City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/28/1993

3a. Date of Last Report

09/19/1996

4. FEI Number

59-3199978

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

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

9. Name and Address of Current Registered Agent

PIROMALLI, JAMIE  
102 ORANGE BLOSSOM CIRCLE  
ALTAMONTE SPRINGS FL 32714

CHANGE →

10. Name and Address of New Registered Agent

81 Name

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

83 396 HICKORY DR

84 City

MAITLAND

FL

85 Zip Code

32751

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 *Jamie Piromalli* JAMIE PIROMALLI, CHAIRMAN & CEO 02.24.97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE  
1.2 NAME PD  
1.3 STREET ADDRESS PIROMALLI, JAMIE  
1.4 CITY-ST-ZIP 102 ORANGE BLOSSOM CIRCLE  
ALTAMONTE SPRINGS FL 32714

2.1 TITLE ☒ DELETE  
2.2 NAME VD  
2.3 STREET ADDRESS ROSE, ROBERT  
2.4 CITY-ST-ZIP 498 PALM SPRINGS DRIVE  
ALTAMONTE SPRINGS FL 32714

3.1 TITLE ☒ DELETE  
3.2 NAME CFOD  
3.3 STREET ADDRESS MADDEN, ROBERT  
3.4 CITY-ST-ZIP 498 PALM SPRINGS DRIVE  
ALTAMONTE SPRINGS FL 32714

4.1 TITLE ☒ DELETE  
4.2 NAME D  
4.3 STREET ADDRESS PIROMALLI, JUDY  
4.4 CITY-ST-ZIP 2469 WHITEHALL CIRCLE  
WINTER PARK FL 32789

5.1 TITLE ☐ DELETE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ DELETE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME PRESIDENT  
1.3 STREET ADDRESS ABHLY KOHL  
1.4 CITY-ST-ZIP 1420 PLACE PICCARDY  
WINTER PARK FL 32789

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME VICEPRESIDENT-OPERATIONS  
2.3 STREET ADDRESS JENNIFER KAHR  
2.4 CITY-ST-ZIP 615 DORY LN, #302  
ALTAMONTE SPRINGS FL 32714

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 200002097262-4  
3.4 CITY-ST-ZIP -02/25/97-0116-025  
\*\*\*173.75 \*\*\*173.75

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 manager 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: *Jamie Piromalli* JAMIE PIROMALLI 02.24.97 407.834.9831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)