FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000070370 (0)**

1. Corporation Name

TOURING JERIKO PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
% SHERRI KRASSNER 930 WASHINGTON AVE 5TH FLOOR MIAMI BEACH FL 33139	% SHERRI KRASSNER 930 WASHINGTON AVE 5TH FLOOR MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: 10/11/1993

3a. Date of Last Report: 03/28/1995

2. Principal Place of Business	2a. Mailing Address
c/o NIKO INT'L ENT.	c/o NIKO INT'L ENT.
22 Suite, Apt. #, etc.: 100 LINCOLN RD (PH3)	27 Suite, Apt. #, etc.: 100 LINCOLN RD. (PH3)
23 City & State: MIAMI BEACH, FL	28 City & State: MIAMI BEACH, FL.
24 Zip: 33139 25 Country: USA	29 Zip: 33139 30 Country: USA

4. FEI Number: 65-0338241 ☐ 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

KRASSNER, SHERRI
930 WASHINGTON AVE
5TH FLOOR
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name: NIKO ENT'L ENTERTAINMENT CORP
82 Street Address (P.O. Box Number is Not Acceptable): 100 LINCOLN RD. (PH3)
83 MIAMI BEACH
84 City FL 85 Zip Code 33139

11. Pursuant to the provisions of Section 607.0502 and 607.1506, 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: MANNY FLORIS PRES. - NIKO INT'L DATE: 4/16/96

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KRASSNER, BRAD 930 WASHINGTON AVE 5TH FLOOR MIAMI FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CHRZCZON, JEFF 234 W. 44TH ST., STE 902 NEW YORK NY	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARSHALL, LEE 1117 FLORIDAN CT. CAPE CORAL FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

600001834116
-05/22/96--01028--005
***200.00

5/1/1996

CR2E034 (12/95)

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 added by an attachment with an address.

SIGNATURE: 4/16/96 (305)532-1566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Brad L. Krassner