

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90028 001 \*\*\*150.00

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1. Corporation Name  
INFLIGHT ENTERTAINMENT, INC.



Principal Place of Business

Mailing Address

~~1229 JEFFERSON ST~~  
~~HOLLYWOOD FL 33019~~  
~~US~~

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~~HOLLYWOOD FL 33019~~  
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1993

2. Principal Place of Business

2a. Mailing Address

21 3761 N. PARK RD  
Suite, Apt. #, etc.

26 3761 N. PARK ROAD  
Suite, Apt. #, etc.

4. FEI Number

65-0455626

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 owes the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

City & State

23 Hollywood, FL  
Zip Country

City & State

28 Hollywood, FL  
Zip Country

24 33021 25 Broward

29 33021 30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FINKELSTEIN, ALAN N  
10651 S W 88TH ST, STE 207  
MIAMI FL 33176

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE  
NAME GREEN, ERIK THOMPSON  
STREET ADDRESS 525 N 14TH AVE  
CITY-ST-ZIP HOLLYWOOD FL 33020

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME VAN REES, IRIS  
STREET ADDRESS 525 N 14TH AVE  
CITY-ST-ZIP HOLLYWOOD FL 33020

2.1 TITLE PRESIDENT ☒ Change ☐ Addition  
2.2 NAME IRIS VAN REES  
2.3 STREET ADDRESS 3761 N. PARK ROAD  
2.4 CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition  
3.2 NAME JOOST VAN REES  
3.3 STREET ADDRESS 3761 N. PARK ROAD  
3.4 CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

14. I 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)