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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P94000019845 (4)**

1. Corporation Name
WYLD MYLVYN TOURING, INC.

Principal Place of Business	Mailing Address
% DON H. LESTER ESQ 24 N MARKET ST #305 JACKSONVILLE FL 32202	C/O HABER CORP 16830 VENTURA BLVD. #501 ENCINO CA 91436-1731 US

3. Date Incorporated or Qualified: 03/07/1994
3a. Date of Last Report: 03/05/1996

2. Principal Place of Business — 21, Suite, Apt. #, etc. — 22, City & State — 23, Zip — 24, Country — 25

2a. Mailing Address — 26, Suite, Apt. #, etc. — 27, City & State — 28, Zip — 29, Country — 30

4. FEI Number: 95-4470472 ☐ 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

LESTER, DON H
218 E ASHLEY ST
JACKSONVILLE FL 32202

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 _____ DATE _____
Signature, type or printed name, title or capacity as appropriate, and date, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROSSINGTON, GARY		1.2 NAME		
STREET ADDRESS	16380 VENTURA BLVD #501		1.3 STREET ADDRESS		
CITY-ST-ZIP	ENCINO CA		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HABER, GARY		2.2 NAME		
STREET ADDRESS	16380 VENTURA BLVD #501		2.3 STREET ADDRESS		
CITY-ST-ZIP	ENCINO CA		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VAN ZANT, JOHNNY		3.2 NAME		
STREET ADDRESS	692 O'HARA ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILKESON, LEON		4.2 NAME		
STREET ADDRESS	16830 VENTURA BLVD, #501		4.3 STREET ADDRESS		
CITY-ST-ZIP	ENCINO CA		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	POWELL, WILLIAM N		5.2 NAME		
STREET ADDRESS	16830 VENTURA BLVD, #501		5.3 STREET ADDRESS		
CITY-ST-ZIP	ENCINO CA		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KING, EDWARD		6.2 NAME		
STREET ADDRESS	1601 HARDING PLACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 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: _____ 2/28/97 (818) 783-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #