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

PROFIT CORPORATION ANNUAL HEPÖRT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000019845 (4)

WYLD MYLVYN TOURING, INC.

Principal Place of Business

% DON H. LESTER ESQ 24 N MARKET ST #305 JACKSONVILLE FL 32200

Principal Place of Hu Suite. Apt. #. etc.

City & State

23 24

C/O HABER CORP

WILLE FL 32202		ENCINO CA 91436						DO NOT WRITE IN THIS SPACE				
us							3,	Date Incorporated or Gualitied 03/07/1994				
al Place of Husiness		2a. Mailing Address				The second secon		4. FFI Number			Applied For	
		26						95-4470472			Not Applicable	
pt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired			\$8.75 Additional Fee Required		
Ctate		City & State						Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
2	Country 5	29	Zip	ිය 30	Country 30		8. This corporation owes or has paid the current year intangible Pensonal Property Tax due June 30. Yes No					
g, Name a	ind Address of Cur	rent Regis	tered Agent		Ī _		10.	Name and Address of New R	egistered	Agent		
LESTER, DON	H				81	Name						
218 E ASHLEY	ST				-	434 4 8 1		S25 S1 A1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	J-1-4			
JACKSONVILLE					82	Street Add	aress (r	P.O. Box Number is Not Accepta	iDi e I			

FILED

Jan 16 1998 8:00am

Secretary of State

11. Pursuant to the provisions of Sections 507 0502 and 607 1508, Florida Statutes, the above-hamed 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. La	m tamiliar with, and accept the obligations of	t, Section 607,0505, Flo	rida Statutes,		
SIGNATURE	'signature, typed or printed name of registered agent and title	at applicable. (NO)	Heastered Agent signature requir	red when reinstall(d) (TATE	
12.	OFFICERS AND DIRE		1 3.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	?
HILE	PD	DELETE	11 TITLE	i Change Ad	dition
NAME	ROSSINGTON, GARY		1.2 NAME		
STREET ALIGNESS	16380 VENTURA BLVD #501		1.3 STREET ADDRESS		
CITY-51-ZIP	ENCINO CA	_	14 CITY-51-7IP		
Daille	S	☐ DFLETE	21 UTLE	Change Ad	idition
NAME	Haber, Gary		2.2 NAME		
STREET ADDRESS	16380 VENTURA BLVD #501		2.3 STREET ADDRESS		
CITY-ST-MP	ENCINO CA		2 4 CITY-51-/IP		
TITLE	D	DELETE	31 TITLE	Change Ad	dition
NAME	van zant, Johnny		3.2 NAME		
STREET AUDRESS	692 O'HARA ROAD		3.3 STREET ADDRESS		
OTY-SI-ZIP	MIDDLEBURG FL		34 GITY-51-ZIP		
nnt	D	DELL IL	4.1 Title	Change Ad	dition
NAME	WILKESON, LEON		4. 2 NAME		
STREET ADDRESS	16830 VENTURA BLVD, #501		4.3 STHEEL ADDRESS		
CITY-ST-ZIP	ENCINO CA		4.4 CITY - 51 - 287		
TMLE	D	DELETÉ	S.1 TITLE	Change Ad	dition
NAME	POWELL, WILLIAM N		5.2 NAME		
STREET ADDRESS	16830 VENTURA BLVD, #501		5.3 STHEET ADDRESS		
CHY-St-ZIP	ENCINO CA		54 City-St-ZiP		_
TITLE	D	DELETE	6.1 DTLE	Change Ad	dition
NAME	KING, EDWARD		6.2 NAME		
STREET ADORESS	1601 HARDING PLACE		6.3 STREET ADDRESS		

CITY-S1-ZIP 4. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119,07(3)(i). Florida Statutes, I turther certify that the information indicated on this arrural report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director or the curporation or the receiver or trustee encovered 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 garget attachment with an address.

SIGNATURE:

Zip Code