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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthan

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000024854 (9)

MOVIES & MORE ENTERTAINMENT, INC.

Principal Place of Business

Mailing Address

FILED Apr 29 1997 8:00am Secretary of State

1941 475,6574



5855 PLACIDA ROAD. STE. 400 ENGLEWOOD FL 34224				5855 PLACIDA ROAD. STE. 400 ENGLEWOOD FL 34224-9531									
								3. Date Incorporated or Qualified 03/24/1994	3a. Dat 03/1			porl	
2. Principal Place of Business				2a. Mailing Address				4. FEI Number		T		olied For	
Suite, Apt. #, etc.			26	Suite, Apt. #, etc.			65-0618294		60		Applicable		
22			27	27			5. Certificate of Status Desired		,	e Red	dditional quired		
City & State			28	\$				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip 24	Country 25			Zip Count 30			′ 	8. This corporation has liability for intengible tax under s. 19 Florida Statutes				199.032,	
		and Address of Curre	nt Regis	stered Agent		81	T	10. Name and Address of New Re	gistered A	gent			
	CO, CARRO					82	Name						
	6. UKANG E 194	BE BLOSSOM TRAIL	i				Street Ar	ddress (P.O. Box Number is Not Acceptab	ess (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32809												~	
• • • • • • • • • • • • • • • • • • • •						84	City			85	Zip C	ode	
44 Digginant	to the provis	ions of Sections 607.05	.02 and £	GOZ 1508 Elorida Sta	tutos the s	1_	o papiod s	orporation submits this statement for the p	FL.	Chanc	ino ite	registered	
office or re	egistered ag	ent, or both, in the Stat th, and accept the obli	le of Flori	ida. Such change wa	is authorize	od by	y the corpo	pration's board of directors. I hereby accep	the appo	pintme	nt as r	egistered	
SIGNATURE	m lamina w	ит, апо ассерстве общ	gations o	31, 366ti01) 007.0303,	i ionda ole	noie.	э.						
SIGNATURE	Signature, typed	or printed name of registered a		TT	IOTE: Flegistor	d Ap	ent signature re	equired when reinstating)	DATE				
12.		OFFICERS A	ND DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC		N 12	
TITLE NAME	D SKIDMOR	e, r obert				ITLE IAME					ange	L AUUIIION	
STREET ADDRESS		CIDA ROAD, STE. 4	00				ADDRESS						
CITY-ST-ZIP		OOD FL 34224	••				61 - ZIP						
TITLE				DELETE	2.11					Cha	ange	Addition	
NAME					221	IAME		•					
STREET ADDRESS					2.3 5	TREET	ADDRESS						
CITY-ST-ZIP							S1-ZIP						
TITLE				☐ DELEJE	3.1 1					L Cha	ange	☐ Addition	
NAME						NAME							
STREET ADDRESS CITY-ST-ZIP							ST-ZIP						
TITLE				DELETE	4.11		31-21			Cha	ange	Addition	
NAME					1	NAME	1				-		
STREET ADDRESS					4.3 \$	STREET	ADDRESS						
CITY-ST-ZIP					4.4.0	HY-8	ST-ZIP						
TITLE				☐ DELETE	511	ITLE	Ţ			Ch:	ange	Addition	
NAME						MAME							
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP				DELETE			51 - Z(P			☐ Chi		Addition	
TITLE NAME					1	TILE NAME	}			, Uli	unge	☐ MUINUI	
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP				6.4 0117-3									
-111 91-61	 _	······											

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 ennual 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.