

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

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Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000031087 (7)

1. Corporation Name:

DISTRICT ENTERTAINMENT CORP.



Principal Place of Business 2841 N. OCEAN BLVD. #2010 FT. LAUDERDALE FL 33308	Mailing Address 2841 N. OCEAN BLVD. #2010 FT. LAUDERDALE FL 33308-7552
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3. Date Incorporated or Qualified 04/25/1994	3a. Date of Last Report 09/12/1996
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2. Principal Place of Business 21 2150 SW 28th AVE. Suite, Apt. #, etc. 22 City & State 23 FT. LAUD. FL Zip 24 33312 Country 25 USA	2a. Mailing Address 26 2150 SW 28 AVE Suite, Apt. #, etc. 27 City & State 28 FT. LAUD FL Zip 29 33312 Country 30 USA
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4. FEI Number 65-0502814	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HAAS, DENNIS A 2841 N. OCEAN BLVD. #2010 FT. LAUDERDALE FL 33308	
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10. Name and Address of New Registered Agent 81 Name HAAS, DENNIS A 82 Street Address (P.O. Box Number is Not Acceptable) 2150 SW 28 AVE 83 84 City FORT LAUDERDALE FL 85 Zip Code 33312

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: DENNIS A. HAAS *Dennis A. Haas* 1-15-97
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PSTD <input type="checkbox"/> DELETE
NAME	HALPERN, STEVEN
STREET ADDRESS	1080 SE THIRD AVENUE
CITY-ST-ZIP	FT. LAUDERDALE FL 33316
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DENNIS A. HAAS
1.3 STREET ADDRESS	2150 SW 28th AVE.
1.4 CITY-ST-ZIP	PORT LAUDERDALE FL 33312
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Steven Halpern* STEVEN HALPERN, PRES. 1-15-97 (954) 467-8560
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)