

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # P94000032268 (2)

5511 Y - 1 AM 5:30

1. Corporation Name:

**ADVANTAGE ENTERTAINMENT, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Present Place of Business <b>2500 N.W. 39TH ST. MIAMI FL 33142</b>	Mailing Address <b>2500 N.W. 39TH ST. MIAMI FL 33142</b>	DRAFT - WRITE IN THIS SPACE		
2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>04/28/1994</b>	3b. Date of Last Report <b>N/A</b>	
State: AL / E-10	State, Apt. # etc <b>27</b>	4. TIN Number <b>65-0492807</b>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
City & State <b>23</b>	City, & State <b>28</b>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required <b>\$8.75</b>	
7-9 <b>24</b>	10 <b>25 DADE</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees <b>\$5.00</b>	
9. Name and Address of Current Registered Agent <b>STAMM, WARREN J ESQ. 2500 N.W. 39TH ST. MIAMI FL 33142</b>		8. This corporation has authority for maintaining tax under S. 1260A Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		10. Name and Address of New Registered Agent	81. Name <b>FL</b>	85. Zip Code
		82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City
		85. Zip Code	86.	87.

11. Pursuant to the provisions of Sections 601.051, 601.06 and 601.07 of the Florida Statutes, President, Partner or Corporation submit the 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 the laws of Florida concerning the filing of this document.

SIGNATURE

12. <input type="checkbox"/> PD PASCUCCI, SAMUEL 14591 SUNSET LANE FT. LAUDERDALE FL 33330	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If 1) <input type="checkbox"/> Change <input type="checkbox"/> Addition 1. NAME 2. STREET ADDRESS 3. CITY, STATE 4. ZIP CODE
14. <input type="checkbox"/> VD MIXSON, RICHARD A 14825 S.W. 81ST AVE. MIAMI FL 33137	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1. NAME 2. STREET ADDRESS 3. CITY, STATE 4. ZIP CODE
15. <input type="checkbox"/> STD BARR, ARTHUR 1000 ISLAND BLVD. N. MIAMI BEACH FL 33160	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1. NAME 2. STREET ADDRESS 3. CITY, STATE 4. ZIP CODE
16. <input type="checkbox"/> NAME 17. <input type="checkbox"/> ADDRESSE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1. NAME 2. STREET ADDRESS 3. CITY, STATE 4. ZIP CODE
18. <input type="checkbox"/> NAME 19. <input type="checkbox"/> ADDRESSE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1. NAME 2. STREET ADDRESS 3. CITY, STATE 4. ZIP CODE
20. <input type="checkbox"/> NAME 21. <input type="checkbox"/> ADDRESSE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1. NAME 2. STREET ADDRESS 3. CITY, STATE 4. ZIP CODE
22. <input type="checkbox"/> NAME 23. <input type="checkbox"/> ADDRESSE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1. NAME 2. STREET ADDRESS 3. CITY, STATE 4. ZIP CODE
24. <input type="checkbox"/> NAME 25. <input type="checkbox"/> ADDRESSE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1. NAME 2. STREET ADDRESS 3. CITY, STATE 4. ZIP CODE

14. I declare, under penalty of perjury, that the information furnished with this filing is voluntary, accurate and does not qualify for the exemption stated in Section 601.07 of the Florida Statutes. I further certify that the information is located on the annual report or supplemental annual report filed in this state and that my signature shall have the same legal effect as made under oath and that no officer or director of the corporation or the trustee or trustee empowered to receive this report as required by Chapter 601 of the Florida Statutes, and that my name appears in Block 12 or Block 13 of the subject or an attachment with an address.

SIGNATURE: **x**

*Richard A. Mylon*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

**x 426-95 x 35-634-8500**

STATE: FLA