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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P94000069659**1. Corporation Name

HALL OF FAME PRODUCTIONS INC.

Principal Place of Business Mailing Address				T SERVERDE FOR ENDER DE LE RESTE DE LE CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DE L			
		1844 N NOB HILL RD #235 PLANTATION FL 33322	235		DO NOT WRIT	TE IN THIS SPACE	
					3. Date Incorporated or Qualifed	E II TI,IIO OI AOE	
•					09/19/1994		
Principal Place of Business 2a. Mailing Add			ess		4. FEI Number .	Applied For	
21		26		65-0530529	Not Applicable		
Suite, Apt. #, etc. Suite		Suite, Apt. #, etc.	Suite, Apt. #, etc.		E. Continue of Status Desired	\$8.75 Additional	
27		27			5. Certifcate of Status Desired	Fee Required	
City & State City &		City & State	ity & State		6. Election Campaign Financing	55.00 May Be	
23		37		Trust Fund Contribution	Added to Fees		
Zip Country Zip		Zip	Country		8. This corporation owes the curre	ent vear Intangible	
24	25	29	30		Personal Property Tax.	ĽYes □No	
,	9. Name and Address of Current R		** 1		10. Name and Address of New R	egistered Agent	
	J. 10 (10 10 10 10 10 10 10 10 10 10 10 10 10 1		81	Nam	ne ·		
MARIUTTO, DONALD E				<u> </u>			
10931 N.W. 6 COURT			82	Stree	et Address (P.O. Box Number is Not Accepta	ble)	
PLANTATION FL 33324			83	-	16 18 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 -61 - 12 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	
			"				
		•	84	City	्राच्या विकास करते । विकास करते के किस के किस करते के किस कर क स्थान	85 Zip Code	
4744 (1505), 10	and the state of t					<u> FL </u>	
11. Pursuant	to the provisions of Sections 607.0502 a	ind 607.1508, Florida Statute	s, the abov	e-name	ed corporation submits this statement for the proporation's board of directors. I hereby accept	purpose of changing its registered the appointment as registered	
agent. I a	m familiar with, and accept the obligation	ns of, Section 607.0505, Flori	ida Statutes	3.	iporation a board of directors. Thereby decep	t the appointment as regionales	
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature)				nt signatur	re required when reinstating).* 💦	DATE	
12.	OFFICERS AND I	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE		The state of	☐ Change ☐ Addition	
NAME	MARIUTTO, DONALD E		1.2 NAME			•	
STREET ADDRESS	10931 N.W. 6 COURT		1.3 STREE	TADDRES	ss		
CITY-ST-ZIP	PLANTATION FL 33324		1.4 CITY+5	T-7/P			
TITLE	V	☐ DELETE	2.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition	
NAME	MARIUTTO, MARY S		2.2 NAME				
	10931 N.W. 6 COURT			T 15555		•	
STREET ADDRESS			2.3 STREE		25		
CITY-ST-ZIP	PLANTATION FL 33324	L DELETE	2. 4 CITY-	ST-ZIP		☐ Change ☐ Addition	
TITLE CON	5976. TG: 1	☐ DELETE	3.1 TITLE				
NAME : 13			3.2 NAME				
STREET ADDRESS	FEATURE OF THE	,	3.3 STREE	TADDRES	SS NOT STATE	1977年1月1日 - 1987年 - 1987年 - 1988年 - 19	
City-ST-ZIP	5 - 74 ° 4 ° 7 ° 7 ° 8 ° 7 ° 7 ° 7 ° 7 ° 7 ° 7 ° 7		3.4. CITY-	ST-ZIP	The Marie of	<u>在企业中的"新发展的大组织"。</u>	
TITLE			4.1 TITLE		A Shirt diskess	Change Addition	
NAME	14 - 47,		4. 2 NAME				
STREET ADDRESS	4. 0 - 1 - 2. 2		4.3 STREE	TADORES	ss	ļ	
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME :			5.2 NAME		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, , , , , , , , , , , , , , , , , , ,	
STREET ADDRESS			5.3 STREE	TADDRES	ss .	· .	
CITY-ST-ZIP	· P		5.4 CITY-S	T-ZIP	4.4 × 6.25 W	ļ	
TITLE	99-29-19-00 Feb. (20-00-00-00-00-00-00-00-00-00-00-00-00-0	☐ DELETE	6.1 TITLE			Change Addition	
NAME	"我就是我的一个人,我们		6.2 NAME				
٠, ١	FL. M. G. W. C. C. State.		6.3 STREE	T ADDDES	ee l	• • •	
STREET ADDRESS			0.3 STREE	י אטטאבט	~	!	

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90032 003 ***150.00