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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9400087760 (2)

ULTRAVIOLET ENTERTAINMENT INCORPORATED

Principal Place of Business

Mailing Address

FILED May 12 1997 8:00am Secretary of State



924 W. COLOMAL DR. ORLANDO FL 92804		ORLANDO FL 32804-5415			
				3. Date Incorporated or Qualified 12/02/1994	3a. Date of Last Report 07/30/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21 23 COURT AVE. BOUTH		26 23 COURT	AVE, SOUTH	59-3280006	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 7/A - City & State		27 - NA - City & State			Fee Required
23 ORLANDO, FLORIDA			FLORIDA	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
^{Zip} 328¢	25 ORANGE 9. Name and Address of Curre	29 SZ 8/ 5/1 nt Registered Agent	Country 30 DPANGE	B. This corporation has liability for i Florida Statutes Name and Address of New Reg	Yes No
229 (N, PAUL A EMORY PLACE NNDO FL 32804		82 Street Add	KUL A. EREN Iress (P.O. Box Number is Not Acceptab 032 KIMBLACE PLAC NTER PARK, FLORIS.	CE
office or re agent. I ar	egistered agent, or both rivine State in familiar with, and account the oblig	of Florida. Such change was patient of, Section 607.0505, Fl	authorized by the corpora orida Statutes.	poration submits this statement for the partition's board of directors. Thereby accept	urpose of changing its registered of the appointment as registered
SIGNATURE .	Signature, typed or printed narry of reistered or	PAUL A. GRE ont and title if applicable. (NO	II : Registered Agent signature requ	and the representation	1-30-97
12.	(difficers A)	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P	□ DELETE	1.1 TITLE		Change Addition
NAME	GREN, PAUL A		1.2 NAME		
STREET ADDRESS	229 EMORY PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32804		1.4 CHY-S1-ZIP		Charge Addition
TITLE		☐ DELETE	2.1 Till E		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	2 4 CRY-ST-ZIP 3 1 DTLE		Change Addition
NAME			3 2 NAME		E one go E visonon
STREET ADDRESS			3.3 \$TREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-S1-ZIP		
TITLE		DELETE	4.1 TOLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STHEET ADDRESS		
CITY-ST-ZIP			4.4 CITY-S1-ZIP		
TITLE	· ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	5.1 TOLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-7P		
TITLE		DELE 16	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		1	6.4 CITY - ST - ZIP		
14. I do hereb informatio I am an of	by certify that the information supplied in indicated on this annual report or ficer or director of the corporation of the Block 12 or Block 13 if changed, or	supplemental annual report is in the requiyer of trustee empor	ify for the exemption state true and accurate and that wered to execute this repo	d in Section 119.07(3)(i). Florida Statute at my signature shall have the same loga ort as required by Chapter 607, Florida S	s. I further certify that the I effect as if made under oath; Iha tatules; and that my name