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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT # P94000087889 (9) INFOTAINMENT U.S.A., INC.										
Principal Place of Business C/O DONALD E. SMITH 7380 SAND LAKE ROAD #500		Ma	Mailing Address C/O DONALD E. SMITH 7380 SAND LAKE ROAD #500							
ORLANDO FL 32819			ORLANDO FL 32819				3. Date Incorporated or Qualified	3a. Date of Last Report 10/16/1995		
							12/05/1994 4, FEI Number			Applied For
Principal Place of Business		£	2a. Mailing Address			1 - 1			Not Applicab	
5 to 1	-1-	26	Suite Apt. #, etc				5. Certificate of Status Desired		\$8.75	Additional
Suite, Apt. #. €	BIG.	27								Required
City & State			City & State				6. Election Campaign Financing			May Be
		28		Cour	ntra:		Trust Fund Contribution 8. This corporation has liability for	intangible		
Zıp	Country	29	Zip	30	iti y		Florida Statutes	s 🔲 No		
	9. Name and Address of Cu		stered Agent				10. Name and Address of New	Registere	d Agent	
	<u></u>					Name				
WARD, M	MARK				82	Street Add	lress (P.O. Box Number is Not Accepta	.ble)		
	ND LAKE RD				83					
SUITE 50					63					. 0 - 1 -
ORLAND	O FL 32819				84	City		F	EL 85 Z	p Code
Z. TLE	PD	S AND DIRE	DELETE	13.	I I LE		ADDITIONS/CHANGES TO OF		☐ Change	Addit
IAME	WARD, MARK			1 2 N	AME					
TREET ADDRESS	7380 SAND LAKE RD	#50 0				ADDRESS				
ITY-ST-ZIP	ORLANDO FL 32819		T DELETE	2 17	TY+S TILS	1-219	- 17		Change	Add:
ITLE			Попен	22 N						
TREET ADDRESS				235	18ELT	ADDRESS				
CITY - ST - ZIP					11 Y - S	····			Change	☐ Addit
ITLE			T DELETE		TITLE				☐ Orange	L 1021
NAME					AME STREET	T ADERESS	6000018	J180	386	
STREET ADDRESS					ainer Aiv-S		-05/06/9601	1027-	-018	
CITY-ST-ZIP			DELETE		T-TLF		***200.00		☐ Change	☐ Addi
NAME				421	AME	}				
STREET ADDRESS						LADDRESS				
City-St-Zip			E OCCUPA-			ST - Z12			☐ Change	Addi
TITLÉ			☐ DETELE		T TUE NAME				`	
NAME						T ADDRESS				
STREET ADDRESS CITY-ST-ZIP						ST ZIP			П сь	
TITLE			DELETE		HELF	Í	w in		☐ Chang	e 🔲 Addi
NAME					NAME		0, 1, 2,			
STREET ADDRESS			\$		C.Tv	FADORESS ST-ZP	べり			
	I		1				La Caston 1	40.57(0)0	V Clasida Cta	tuton 16 oto
CHTY - ST - ZIP	and further the information of	nohed with the	rus filing is voluntarily	furnished an	d do	es not quali	fy for the exemption stated in Section 1	19.07(3)(g, Florida Sta Togal officet =	rutes i rurut alif mada en
certify that	y certify that the information su the information indicated on the lam an officer or director of the Block 12 or Block 1315 (2009)	o of moration	or the receiver or tr	ustee empow	d dor Lis tr ered	es not quali ue and acc i to execute	fy for the exemption stated in Section 1 xurate and that my signature shall have this report as required by Chapter 607	the same , Florida S	g, Florida ata legal effect a: statutes; and	rules indicti s if made or that my nac

SIGNATURE:

MARK E. WAKO

CR2E034 (12/95)