

# DEPARTMENT OF STATE

Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000090616**

1. Corporation Name  
**HOSPITALITY ENTERTAINMENT, INC.**

Principal Place of Business

**845 NORTHEAST 72 STREET  
BOCA RATON FL 33487**

Mailing Address

**845 NORTHEAST 72 STREET  
BOCA RATON FL 33487**

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90231 021 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/03/1995**

4. FEI Number

**65-0542070**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85

Zip Code  
**33487**

9. Name and Address of Current Registered Agent

**ANTHONY, MICHAEL  
845 NE 72ND ST.  
BOCA RATON FL 33487**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

1. NAME	<b>P</b>	<input type="checkbox"/> DELETE
2. STREET ADDRESS	<b>ANTHONY, MICHAEL</b>	
3. CITY-ST-ZIP	<b>845 NORTHEAST 72 STREET</b>	
4. CITY-ST-ZIP	<b>BOCA RATON FL 33487</b>	
5. NAME		<input type="checkbox"/> DELETE
6. STREET ADDRESS		
7. CITY-ST-ZIP		
8. NAME		<input type="checkbox"/> DELETE
9. STREET ADDRESS		
10. CITY-ST-ZIP		
11. NAME		<input type="checkbox"/> DELETE
12. STREET ADDRESS		
13. CITY-ST-ZIP		
14. NAME		<input type="checkbox"/> DELETE
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. NAME		<input type="checkbox"/> DELETE
18. STREET ADDRESS		
19. CITY-ST-ZIP		
20. NAME		<input type="checkbox"/> DELETE
21. STREET ADDRESS		
22. CITY-ST-ZIP		

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

**SIGNATURE**

**ANTHONY, MICHAEL**

**ANTHONY, MICHAEL**

**4/26/99**

**561 907855**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR