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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000094311 (5)

MARC ELLIOT AND THE SUPER STAR DJ'S, INC.

Principal Place of Business Mailing Address **SOUTH FLORIDA** 1015 INGRAHAM AVE. 1015 INGRAHAM AVE. STE 3 DELRAY BCH FL 33483 DO NOT WRITE IN THIS SPACE **DELRAY BEACH FL 33483** 3. Date Incorporated or Qualified US 12/30/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 65-0549025 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zıp Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 29 **∤30**| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HOCHMAN, MARC E 1015 INGRAHAM AVE. Street Address (P.O. Box Number is Not Acceptable) STE 3 83 **DELRAY BEACH FL 33483** City 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change ___ Addition TITLE HOCHMAN, MARC 1.2 NAME NAME 1015 INGRAHAM AVE. STE 3 1.3 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-7/P DELETE Change Addition 3.1 TITLE TITLE NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 3 4. CITY-ST-ZIP DELETE Change TITLE 41 TITLE

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 suppliemental 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 accurate an 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 accurate an 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

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

SIGNATURE.

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

W1194

5161-179-5914

... Change

Change

Addition

☐ Addition

FILED

Apr 13 1998 8:00am

Secretary of State

:R2E034 (10/97)