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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500003661 (2)

FREDRICKS ENTERTAINMENT, INC.

FILED Jan 16 1998 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Address	s				
3326 COOLIDGE STREET 3326 COOLIDGE STREI HOLLYWOOD FL 33021 HOLLYWOOD FL 33021							
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021					DO NOT WRITE I	IN THIS SPACE	
						 Date Incorporated or Qualified 01/13/1995 	
2. Principal F	Place of Business	2a, Mailing Add	8801		-	4. FEI Number	Applied For
21		26				65-0549297	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Cily & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country		Zip				B. This corporation owes or has paid	
24	25]	29	30	J		Personal Property Tax due June 3	
	9. Name and Address of Curre	nt Registered Agent		81	Ness	10. Name and Address of New Reg	lstered Agent
FREDRICKS, SKIP				8'	Name		
3326 COOLIDGE ST HOLLYWOOD FL 33021			82	Street A	ddress (P.O. Box Number is Not Acceptable	θ)	
				83			
				84	City		FL 85 Zip Code
11. Pursuani	to the provisions of Sections 607.05	02 and 607.1508, Flori	da Statutes, t	the above	-named c	orporation submits this statement for the pu	rpose 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 ag		(NOTE Bo		nt signature re	equired when reinstating)	DATE
12.	OFFICERS AF	ND DIRECTORS	FLETE	13.	—-г	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	FREDRICKS, SKIP R		110,0	1.2 NAME			
STREET ADDRESS	3326 COOLIDGE STREET			1.3 STREET	ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021			1.4 CITY-ST			
TITLE		D D	ELETE	2.1 TITLE	- 211		Change Addition
NAME				2.2 NAME]		
STREET ADDRESS				2.3 STREET	ADDRESS		,
CITY-\$1-ZIP			•	2. 4 CiTY-S			
TITLE		Di	ELETE	3.1 TITLE			Change Addition
NAME			ł	32 NAME	[
STREET ADDRESS				3.3 STREET .	ADDRESS		
CITY-ST-ZIP				3.4. CITY - S	1-219		
TITLE		DI	ELETE	4.1 TITLE			☐ Change ☐ Addition
NAME				4. 2 NAME	ļ		
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY-ST-ZIP				4.4 CITY-ST	·ZIP		
TITLE		□ D	ELETE .	5.1 TITLE	T	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME	•			5.2 NAME			
STRELT ADDRESS				5.3 STREET	ADDRESS		
CITY-ST-ZIP				5.4 CITY - ST	- ZIP		
TITLE		O DI	ELETE	6.1 TITLE			☐ Change ☐ Addition
NAME				6.2 NAME	l		
STREET ADDRESS				6.3 STREET	WDRESS		
CITY-ST-ZIP			_	6.4 CITY-ST	- ZIP		

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 13 if changed, or on an attackment with an address.

CICMATURE.

PhD Food with an actoress.

1-7-00

904.907-0762