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

CORPORATION ANNUAL REPORT 1998 DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000016505 (6)

ncipal Place of Business	Mailing Address		
4331 VENTURA CANYON AVE SUITE 1 SHERMAN OAKS CA 91423 US	3650 CORAL RIDGE DR. 102 CORAL SPRINGS FL		
Principal Place of Business 3650 COZAL RAVLE D~	2a. Mailing Address 26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		

FILED Apr 17 1998 8:00am Secretary of State

PLATINUM GOLD ENTERTAINMENT OF LOS ANGELES, INC.					
Principal Place	of Business	Mailing Address		- E INDIADOU (UN IDEA) DARA DOTAL DOTAL DOTAL DOTAL	/BIBS 11010 BILDY BILLY DOLLS 1011 1001
4331 VENTURA CANYON AVE 3850 CORAL RIDGE DR. 102					
SUITE 1 CORAL SPRINGS FL SHERMAN OAKS CA 91423			11. TOC	DO NOT WRITE IN T	THIS SOACE
				DO NOT WRITE IN T 3. Date Incorporated or Qualified	IIIS SPACE
US				, ·	
Dringing DI	and of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	02/27/1995 4. FEI Number	Applied For
2. Principal Place of Business 21 3650 COZAL RAVIE D~ 26				65-0561180	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional
22	×102	27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23 CO A	AL SOMERS, FL	28		Trust Fund Contribution	
Zip 3300	Country	Ζιρ	Country	8. This corporation owes or has paid th	
24 >30	25 UP 14	29	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curren	t Registered Agent	<u> </u>	10. Name and Address of New Registe	ared Agent
В	ARITON, JACK		81 Name		
7800 W OAKLAND PARK BLVD			82 Street Add	iress (P.O. Box Number is Not Acceptable)	
S	UNRISE FL 33351				
			63		
			84 City		85 Zip Code
			1 1		FL 65 2 COOC
SIGNATURE	m familiar with, and accept the obligition		Orioa Statutes. TE. Registered Agent signature requ	poration submits this statement for the purportion's board of directors. I hereby accept the	ATE
12.	OFFICERS ANI	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TIFLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	GOLDKLANK, GLENN		1.2 NAME		
STREET ADDRESS	7417 NW 25TH STREET		1.3 STREET ADDRESS		
CITY-S1-ZIP	MARGATE FL		1.4 CITY-ST-ZIP		Observe Laterille
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	GOLDKLANK, JEFFREY		2.2 NAME		,
STREET ADDRESS	5700 NW 62ND MANOR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PARKLAND FL	001070	2. 4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	3.1 TITLE		CT change CT Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
TITLE		□1 perete			The control of the control
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
TITLE		ب مددداد	5.2 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE		C offile	6.2 NAME		
NAME			6.3 STREET ADDRESS		
STREET ADDRESS			6.4 CITY - ST - ZIP		
CITY-ST-ZIP	certify that the information symplian w	vith his filing does not qualify	for the exemption stated in	n Section 119.07(3)(i), Florida Statutes. I furt	her certify that the information

he and accurate and that my signature shall have the same legal effect as if made under oath; that I am an owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or s officer or director of the corporation Block 12 or Block 13 if changed,

954-753-750