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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000024077 (6)

NATIONAL ENTERTAINMENT CORPORATION

Principal Place of Business Mailing Address 2281 S.W. 26TH AVENUE 2281 S.W. 26TH AVENUE FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312 3. Date Incorporated or Qualified 3a. Date of Last Report 03/24/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-33**1827**1 Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country $Z_{\rm ID}$ Country 8. This corporation has liability for intangible tax under s. 199 032. 24 25 29 30 Florida Statutes Yes No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCEACHERN, BRUCE Street Address (P.O. Box Number is Not Acceptable) 2281 S.W. 26TH AVENUE FORT LAUDERDALE FL 33312 83 84 City Zip Code 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 accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered significand little if approaches the the Pagistered Agend side of the resourced when recentating 12. CR2E034 (12/95) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE D DELETE 1.1106 Change Addition NAME MCEACHERN, BRUCE 1.2 NAME STREET ADDRESS 2281 S.W. 26TH AVENUE 13 STREET ADDRESS FORT LAUDERDALE FL 33312 CITY-S1-ZIP 1.4 CHY-ST-ZIP TITLE DELETE 2 1 Till E Change. Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY ST-ZIP 24 CITY ST-ZIF THILE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3 4 CHTY - ST - ZIP THUE DELETE 4 1 Tifl F Change Addition NAME 42 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - \$T - ZIP 4.4 CHY - ST - ZIP TITLE DECETE 5 : THE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP THILE DELETE 6 1 THILE ☐ Change Add-tion NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - \$1 - 7iP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3(s)). Florida Statutes I further certify that the information indicated on this annual report or supplier ental 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

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR.