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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000029023 (5)

CONTAGIOUS ENTERTAINMENT, INC. Principal Place of Business Mailing Address 8689 N.W. 52ND PLACE CORAL SPRINGS FL 93067 8689 N.W. 52ND PLACE CORAL SPRINGS FL 33067-2840 3. Date Incorporated or Qualified 3a. Date of Last Report 04/07/1995 04/22/1996 2. Principal Place of Business 2a. Mailing Address 4. EEL Number Applied For 65-0576652 21 26 Not Applicable Suite Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yos No 24 **3**0 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FRIEDMAN, STEVEN 8689 N.W. 52ND PLACE Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33067** 83 84 City 85 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. Lam 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 (NOT) Registered Agor't signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12 13. DELFTE TITLE 1.1 THEF NAME FRIEDMAN, STEVEN 12 NAME CR2E034 8689 N.W. 52ND PLACE STREET ADDRESS 1.3 STREET ADDRESS CORAL SPRINGS FL 33067 1.4 CHY-S1-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 THILE NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIF DELLITE Addition 3.1 MHF TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELFTE Addition Change TITLE 4.1 THEE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY - ST - 7IP DELETE Change Addition TITLE 5.1 THUE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE **6.1 TILLE** 6.2 NAME ·NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I do 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 13 if changed, or on an attachment with an address.

SIGNATURE:

CITY-ST-ZIP

Steven Friedman

U-70-97

**FILED** 

May 14 1997 8:00am

Secretary of State

954-753-0755