

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000037696 (8)

1. Corporation Name

SHAZAM AMUSEMENTS, INC.



Principal Place of Business

711 S.W. 8TH WAY
FT. LAUDERDALE FL 33315

Mailing Address

711 S.W. 8TH WAY
FT. LAUDERDALE FL 33315

3. Date Incorporated or Qualified
05/11/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2915 Center Ave.
Suite, Apt. #, etc.

26 2915 Center Ave.
Suite, Apt. #, etc.

4. FEI Number

05-0581188

Applied For

Not Applicable

22

City & State

23 Ft. Lauderdale

27

City & State

28 Ft. Lauderdale

24

Zip

33308

25

Country

USA

29

Zip

33308

30

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DYM, MARK
711 S.W. 8TH WAY
FT. LAUDERDALE FL 33315

81

Name

DYM, MARK

82

Street Address (P.O. Box Number is Not Acceptable)

2915 Center Ave.

83

84

City

Ft. Lauderdale

FL

Zip Code

33308

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 607.0506, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DYM, MARK
STREET ADDRESS 711 S.W. 8TH WAY
CITY-ST-ZIP FT. LAUDERDALE FL 33315 ☐ DELETE

TITLE STD
NAME LATORRACA, KRISTY
STREET ADDRESS 711 S.W. 8TH WAY
CITY-ST-ZIP FT. LAUDERDALE FL 33315 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PD
1.2 NAME DYM, MARK
1.3 STREET ADDRESS 2915 Center Ave.
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33308 ☒ Change ☐ Addition

2.1 TITLE STD
2.2 NAME LATORRACA, KRISTY
2.3 STREET ADDRESS 2915 Center Ave.
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33308 ☒ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kristy Latorraca

4/16/96 954-568-3800
Date Daytime Phone #

CR2E034 (12/95)