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Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90120 002 ***158.75



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000038104**

1. Corporation Name
REALM PRODUCTION AND ENTERTAINMENT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 3100 N 29TH CT
 SUITE 230
 HOLLYWOOD FL 33020
 US

Mailing Address
 3100 N 29TH CT
 SUITE 230
 HOLLYWOOD FL 33020
 US

3. Date Incorporated or Qualified
05/12/1995

2. Principal Place of Business
 21 **4950 W. Prospect Rd.**

2a. Mailing Address
 26 **4950 W. Prospect Rd.**

Suite, Apt. #, etc.
 22 _____ 27 _____

4. FEI Number
65-0609891

Applied For
 Not Applicable

City & State
 23 **Fort Lauderdale, FL**

City & State
 28 **Fort Lauderdale, FL**

Zip Country
 24 **33309 USA** 25 **USA**

Zip Country
 29 **33309 USA** 30 **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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
ADELSTEIN, STEVEN
3100 NORTH 29TH COURT
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent
 81 Name **Steven Adelstein**
 82 Street Address (P.O. Box Number is Not Acceptable) **4950 W. Prospect Rd.**
 83 _____
 84 City **Fort Lauderdale FL** 85 Zip Code **33309**

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 607.0505, Florida Statutes.

SIGNATURE *Steven Adelstein* **Steven Adelstein, President** 4/12/99
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADELSTEIN, STEVEN	1.2 NAME	Adelstein, Steven
STREET ADDRESS	3100 N 29TH COURT	1.3 STREET ADDRESS	4950 W. Prospect Rd.
CITY-ST-ZIP	HOLLYWOOD FL 33020	1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33309
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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, with all other like empowered.

SIGNATURE *Steven Adelstein* **Steven Adelstein, President** 4/12/99 954-745-0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)