

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 # P95000043650 (7)

1. Corporation Name

TONIGHTS FEATURE ENTERTAINMENT, INC



Principal Place of Business

Mailing Address

10197 W SUNRISE BLVD
PLANTATION FL 33322

10197 W SUNRISE BLVD
PLANTATION FL 33322

3. Date Incorporated or Qualified

05/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1830 Nob Hill Road

26 1830 Nob Hill Road

4. FEI Number

65-0589977

Applied For

Not Applicable

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Plantation FL

28 PLANTATION FL

Zip

Country

Zip

Country

24 33322 25 US

29 33322 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BREITKREUZ, STEVE
10197 W SUNRISE BLVD
PLANTATION FL 33322

81 Name

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

83

84 City

FL

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. I am 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS
NAME BREITKREUZ, STEVE
STREET ADDRESS 10197 W SUNRISE BLVD
CITY-ST-ZIP PLANTATION FL 33322 ☐ DELETE

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 5120 SW 195 Terrace
1.4 CITY-ST-ZIP Fort Lauderdale FL

TITLE CEO
NAME JONES, JOHN
STREET ADDRESS 10197 W SUNRISE BLVD
CITY-ST-ZIP PLANTATION FL 33322 ☐ DELETE

2.1 TITLE CD ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 4600 NW 8 Drive
2.4 CITY-ST-ZIP Plantation FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

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

4-9-96

Date

(954) 680-8549

Daytime Phone #

CR2E034 (12/95)