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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000059391 (9)

NIGHTMOVES PUBLISHING, INC.

## FILED Apr 20 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address			The state of the s
3061 ALT. 19 PALM HARBOR		P. O. BOX 492 Palm Harbor Fl 34682			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					07/31/1995
2 Principal Pl	ace of Business	2a. Mailino Address		····	4. FEI Number Applied For
21		26			<b>59-3377123</b> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			SR 75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution
Žip	Country	Zip	Count	ry	8. This corporation owes or has paid the current year Intangible
24	25]	29	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	Registered Agent	8	1 Nome A	10. Name and Address of New Registered Agent
	NOI, PAUL ALLEN		0	1 Name	Clanci, Paul Allen
	6 <b>S</b> HADY OAK LANE		8	2 Street Ad	ddress (P.O. Boy Number is Not Acceptable)
TAF	IPON SPRINGS FL 34689		8	<u> </u>	3061 ACT, 17 N.
			6	۸ ا	
			8	4 City	PLM HARBOR FL \$ 34683
office or re	onletered agent, or both, in the State :	of Florida. Such change was	authorized	by the corpor	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. I ar	n familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida Statut	es	
SIGNATURE					required when reinstating) DATE
12.	Signature, typed or printed name of registered ager OFFICERS AND		13.	gent signature rec	required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D OF TOUTO AIVE	DELETE	1.1 TOTLE		
NAME	CIANCI, PAUL ALLEN		1,2 NAM	F	CLANCI, PAUL Allen Achange LAddition
STREET ADDRESS	1396 SHADY OAK LANE			ET ADDRESS	3061 AUT. 19. N.
CITY-ST-ZIP	TARPON SPRINGS FL 34689		1.4 City		PALM HARBOR, FL 34683
TITLE	TATE ON OFFINIOUT E 01000	DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAM	ε	
STREET ADDRESS			2.3 STRE	ET ADDRESS	
CITY-ST-ZIP			2.4 CITY	-ST-ZIP	•
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAM	E	
STREET ADDRESS			3.3 STRE	ET ADDRESS	
CITY-ST-ZIP			3.4. CITY	'-ST-ZIP	
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAN	IE .	
STREET ADDRESS			4.3 STRE	ET ADDRESS	
CITY-ST-ZIP			4.4 CITY	-ST-ZIP	
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAM	E	
STREET ADDRESS			5.3 STRE	ET ADDRESS	
CITY-ST-ZIP			5.4 CITY	-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		Change  Addition
NAME	:		6.2 NAM	E J	
STREET ADDRESS			6.3 STRE	ET ADDRESS	
CITY-ST-ZIP	~	1	6.4 CITY	- ST - ZIP	474.50
indiantad	on this engual report by surthlamouth	l allunual rom/ort lo/true and ac	'CUPATE AND '	that my signa	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath; that I am an
officer or a	director of the corporation or the record Block 13 if changed or as an atter	ive or trustes empowered to	execute thi	s report as re	required by Chapter 607, Florida Statutes; and that my name appears in
DIOCK 12 (	N PHONE IN HOUSERS OF A PARTY AND	militaria menunin debanasa.	( I )	1 1	1 1

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