

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000060845 (1)**

1. Corporation Name
RIVAL ENTERTAINMENT, INC.



Principal Place of Business: **2451 SW 82ND AVENUE STE 307 DAVIE FL 33324**
Mailing Address: **2451 SW 82ND AVENUE STE 307 DAVIE FL 33324**

3. Date Incorporated or Qualified: **08/07/1995**
3a. Date of Last Report

2. Principal Place of Business
21 **9070 Kimberly Blvd.**
Suite, Apt. #, etc.
22 **Suite 23**
City & State
23 **Boca Raton, FL**
Zip Country
24 **33434** 25 **U.S.A.**
2a. Mailing Address
26 **9070 Kimberly Blvd.**
Suite, Apt. #, etc.
27 **Suite 23**
City & State
28 **Boca Raton, FL**
Zip Country
29 **33434** 30 **U.S.A.**

4. FEI Number: **65-0600414**
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

9. Name and Address of Current Registered Agent
WALSH, ROB
2451 SW 82ND AVENUE STE 307
DAVIE FL 33324
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
9539 N.W. 2nd Place
83
84 City
Coral Springs FL 85 Zip Code
33071

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]* **Rob Walsh** DATE: **4/29/96**

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Rob Walsh	
STREET ADDRESS	2451 S.W. 82nd Avenue, #307	
CITY - ST - ZIP	Davie, FL 33324	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	<input checked="" type="checkbox"/> Change of address
12 NAME	Rob Walsh	
13 STREET ADDRESS	9539 N.W. 2nd Place	
14 CITY - ST - ZIP	Coral Springs, FL 33071	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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]* **Rob Walsh** DATE: **4/29/96** TELEPHONE: **407-883-9680**

CR2E034 (12/95)