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

PROFIT CORPORATION ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000065216 (0)

WHITE FANG ENTERTAINMENT OF FLORIDA, INCORPORATE

FILED Apr 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					I (B BENODA THE ARIBA BATAL BENT BRAIL BRAIL				ı didi i dd i	
1971 WEST LUMSDEN ROAD #114 1971 WEST LUMSDEN ROA BRANDON FL 33511 BRANDON FL 33511			N ROAD #114	ı						
						DO NOT WRITE	IN THIS S	SPACE		
						3. Date Incorporated or Qualified	11110	or AUL		
	_					08/21/1995				
	Place of Business	2a. Mailing Address				4. FEI Number			App	olied For
21		26	26			59-3356279		Not Applicable		
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.			5. Certificate of Status Desired		\$8.	75 A	dditional
22		27				5. Germicate of otates besired	<u> </u>			ulred
City & Star	10	r1 '	City & State			6. Election Campaign Financing \$5.00 May Be				
Zip	Country		Zip Country			Trust Fund Contribution	<u> </u>			Fees
24	25	29	30	¬ ´		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
£7	9. Name and Address of Curre									NO
DC	DNNELLY, MAUREEN			81	Name	10. 11011 1101	1010104	-gont		
	71 WEST LUMSDEN ROAD #11	14		82						
	ANDON FL 33511	דו			Street Add	ress (P.O. Box Number is Not Acceptable	e)			
5 1,	21501112 00011		ł	83						
				84	City		FL	85	Zip C	ode
agent. I a	am familiar with, and accept the obli-	gations of, Section 607.0505	o, Florida Stati	utes	i.	tion's board of directors. I hereby accep	DATE	ointmen	t as re	egisierea
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE		DIREC	TORS	IN 12
TITLE	F	☐ DELETE	11111	LE				Char		Addition
NAME	DONNELLY, MAUREEN C.		1.2 NA	ME						
STREET ADDRESS	736 CALM DRIVE		1.3 \$1	AEET .	ADDRESS					
CITY-ST-ZIP	<u>B</u> randon FL		1.4 CH	Y-ST	í - ZIP		·			
TITLE		☐ DELETE	2.1 1)[LF				Char	n g e	Addition
NAME			2.2 NA	ME						
STREET ADDRESS	•		2.3 ST	REET	ADDRESS					
CITY-ST-ZIP TITLE		DELETE	2. 4 CI		T-ZIP			<u> </u>		
NAME		בן אנגונ	3.1 TIT 3.2 NA		į			L Char	ige	■ Addition
STREET ADORESS					ADDRESS					
CITY-ST-ZIP			3.4. Cl							
TITLE		DELETE	4.1 TrT		1.1			Char	nae	Addition
NAME			4. 2 NA	ME					-	
STREET ADDRESS			4.3 STF	REET	ADDRESS					
CITY-ST-ZIP			4.4 CIT							
TITLE		☐ DELETE	5.1 TIT	LE				Char	ige	Addition
NAME			5.2 NAI	MF						
STREET ADDRESS			5.3 STF	REETA	ADDRESS					
CITY-ST-ZIP			5.4 CIT		- ZIP					
TITLE		DELETE	6.1 TIT		1			☐ Chan	ge	Addition
NAME			6.2 NAI							
STREET ADDRESS			6.3 STF	REET A	ADDRESS					
CITY-ST-ZIP			6 4 CIT							
44 harabees	ertify that the information supplied a		du for the					416	11.	

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 logal 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.