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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000078268 (6)

1. Corporation Name
THE TICKET CONNECTION, INC.



Principal Place of Business

20809 NE 6 CT
MIAMI FL 33179

Mailing Address

10031 PINES BLVD #221
PEMBROKE PINES FL 33024-6169

3. Date Incorporated or Qualified
10/01/1995

3a. Date of Last Report
08/07/1996

2. Principal Place of Business

21 20533 BISCAYNE BLVD
Suite, Apt. #, etc.

22 SUITE 4 N 229
City & State

23 AVENTURA FL
Zip

24 33180 Country USA

2a. Mailing Address

26 20533 BISCAYNE BLVD
Suite, Apt. #, etc.

27 SUITE 4 N 229
City & State

28 AVENTURA FL
Zip

29 33180 Country USA

4. FEI Number
NOT APPLICABLE

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

BLACK, DANA L
20809 NE 6 CT
MIAMI FL 33179

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE
NAME BLACK, JEFFREY M
STREET ADDRESS 271 SW 100TH AVE
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE D ☒ DELETE
NAME FRIEDMAN, FRANCINE
STREET ADDRESS 271 SW 100TH AVE
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME BLACK, JEFFREY M
1.3 STREET ADDRESS 3600 YACHT CLUB DR #814
1.4 CITY-ST-ZIP AVENTURA FL 33180

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME LORRAINE G BLACK
3.3 STREET ADDRESS 3610 YACHT CLUB DR #814
3.4 CITY-ST-ZIP AVENTURA FL 33180

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

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

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

14. I do 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.

SIGNATURE: Lorraine G Black LORRAINE G BLACK 4-28-97 805-932-5065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)