

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 # P95000094108 (4)

1. Corporation Name

IBS ENTERTAINMENT, INC.



Principal Place of Business

289 KEY PALM ROAD  
BOCA RATON FL 33432

Mailing Address

289 KEY PALM ROAD  
BOCA RATON FL 33432

3. Date Incorporated or Qualified

12/12/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

29

Zip

Country

30

4. FEI Number

☒ 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

HOCHSTADT, A M  
289 KEY PALM ROAD  
BOCA RATON FL 33432

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 the applicant.

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

D

NAME

HOCHSTADT, A M

STREET ADDRESS

289 KEY PALM ROAD

CITY- ST- ZIP

BOCA RATON FL 33432

TITLE

D, P

NAME

Vesna Honey

STREET ADDRESS

320 Riverside Drive #10H

CITY- ST- ZIP

New York, N.Y. 10025

TITLE

D, VP

NAME

RYSSANNE KATSOOLIS

STREET ADDRESS

234 West 21st Street

CITY- ST- ZIP

New York, N.Y. 10011

TITLE

D, VP

NAME

MYRIAM DIAZ

STREET ADDRESS

84-20 55th Avenue

CITY- ST- ZIP

ELMHURST, New York 11378

TITLE

D

NAME

Joseph PLUNKETT

STREET ADDRESS

7465 SW 140 Terrace

CITY- ST- ZIP

MIAMI, FL 33158

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY- ST- ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY- ST- ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY- ST- ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY- ST- ZIP

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\*\*\*208.75

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.

SIGNATURE:

A.M. Hochstadt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

407-392-5679

Date

Director Phone #

CR2E034 (12/95)

5/1/96