

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

FILED

Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortonham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000001914 (6)

1. Corporation Name
FUNKADELIC INC.



Principal Place of Business
1000 WEST AVENUE APT. 1629
MIAMI BEACH FL 33139

Mailing Address
1000 WEST AVENUE APT. 1629
MIAMI BEACH FL 33139-4702

3. Date Incorporated or Qualified 01/02/1996	3a. Date of Last Report 01-02-96
4. FEI Number 65-065043	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. FUNKADELIC INC.	26. 1000 WEST AVENUE
22. APT 1629	27. Suite, Apt. #, etc.
23. MIAMI BEACH FL	28. City & State
24. 33139	29. Zip
25. U.S.	30. Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HERNANDEZ, HUMBERTO 1000 WEST AVENUE APT. 1629 MIAMI BEACH FL 33139	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT	<input type="checkbox"/> DELETE	1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HUMBERTO HERNANDEZ		1.2 NAME Humberto Hernandez	
STREET ADDRESS 1000 WEST AV APT 1629		1.3 STREET ADDRESS 1000 West Ave. # 1629	
CITY-ST-ZIP MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP Miami Beach, FL 33139	
TITLE VICE PRESIDENT	<input type="checkbox"/> DELETE	2.1 TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ARIEL HERNANDEZ		2.2 NAME Ariel Hernandez	
STREET ADDRESS 1000 WEST AV APT 1629		2.3 STREET ADDRESS 1000 West Ave # 1629	
CITY-ST-ZIP MIAMI BEACH FL 33139		2.4 CITY-ST-ZIP Miami Beach, FL 33139	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ DATE: 01-20-97 (305) 531-4124

CR2E034 (9/96)