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

Mailing Address

PROFIT CORPORATION **ANNUAL REPORT**

1997

Principal Place of Business

STREET ADDRESS

STREET ADDRESS

appears in Block 12 or BJ

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600005273 (3)

DOUBLE DIAMOND ENTERTAINMENT, INC.

1915 HARRISON STREET 1915 HARRISON STREET HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-5017 3a. Date of Last Report 3. Date Incorporated or Qualified 01/17/1996 Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 П 28 Trust Fund Contribution Added to Fees Country Country Zφ This corporation has liability for intangible tax under s. 199.032.
Florida Statutes
Yes
No Yes 24 29 Florida Statutes 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MCKEAN, RANDOLPH **B1** Name 6401 S.W. 87TH AVE. 62 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33173** 83 B4 City 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 13 100 Change Addition THOMAS E RODGERS, JR. NAME 1.2 NAME 1915 HARRISON ST STREET ADDRESS 13 STREET ADDRESS HOLLYWOOD, FL 3302 CITY-ST-ZIP 14 CHY-ST-ZIP DELETE JITLE 2 1 1111.F Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 # 0/1Y-SI-7IP DELETE TITLE Change Addition 3.1 100 F NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CHY-SI-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C/TY - ST - 7IP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS 64 CHY-ST-ZIP 14. Ido 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 legat effect as if made under oath; that I am an officer or director of the corporation or the receiver or tusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

54 CITY-ST-7IP

61 TITLE

6.2 NAME

DELETE

of with an address.

FILED May 06 1997 8:00am Secretary of State

Change

Addition

