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

PROFIT ... CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000014380

1. Corporation Name

SHOWTIME ENTERTAINMENT, INC.

	:	
Principal Place of Business	Mailing Address	
1221 WHITESTONE WAY FT LAUDERDALE FL 33325	1221 WHITESTONE WAY FT LAUDERDALE FL 33325	

Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90029 040 ***150.00



Principal Place	e of Business	Mailing Address				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1221 WHITESTO	ONE WAY	1221 WHITESTONE WAY						
FT LAUDERDALE FL 33325 FT LAUDERDALE FL 33325			DO NOT WRITE IN THIS SPACE					
							N THIS SPACE	
						3. Date Incorporated or Qualifed		
						02/12/1996		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	⊢	Applied For
21		26			<u> </u>	65-0699065		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	,	Additional
22	Free Commence	27		- FE		5. Octahodid of States 200 To	Fee	Required
City & State	9	City & State		• •		6. Election Campaign Financing	\$5.0	0 May Be
23		28				Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current y	ear Intangible	
24	. 25	29	30		-	Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Regis	stered Agent	
				81 N	lame			
FRAN	NTZ, LISA			82 S	trant Add	ress (P.O. Box Number is Not Acceptable)	, ,	
1221	WHITESTONE WAY			02 5	treet Add	ress (P.O. Box Number is Not Acceptable)		Į
FT L	AUDERDALE FL 33325		ŀ	83				
	•							
	•			84 C	ity	-	FL 85 Z	p Code
) 007 (500 Florido Otoko)	_ 1				1	ite registered
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	z and 607.1508, Florida Statute of Florida. Such change was au	s, the at thorized	ove-na by the	corporati	poration submits this statement for the purpon's board of directors. I hereby accept the	appointment as	registered
agent. I ai	m familiar with, and accept the obligat	ions of, Section 607.0505, Flori	ida Statu	tes.	•			`-
SIGNATURE	•							
	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered	Agent sig	nature require	ed when reinstating)	DATE	l l
12.								
	,	D DIRECTORS	13.	<u> </u>		ADDITIONS/CHANGES TO OFFICE		
TITLE	OP	D DIRECTORS		<u> </u>			RS AND DIREC	
	,		13.	LE				
TITLE	OP		13. 1.1 TIT 1.2 NA	LE	DRESS			
TITLE NAME STREET ADDRESS	DP Frantz, Lisa		13. 1.1 TIT 1.2 NA 1.3 STI	LE ME	1	ADDITIONS/CHANGES TO OFFICE		
TITLE NAME	OP Frantz, Lisa 1221 Whitestone Way		13. 1.1 TIT 1.2 NA 1.3 STI	LE ME REET ADO Y-ST-ZIF	,	ADDITIONS/CHANGES TO OFFICE	☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP FRANTZ, LISA 1221 WHITESTONE WAY FT LAUDERDALE FL 33325 DVP	☐ DELETE	13. 1.1 TIT 12 NA 1.3 STI 1.4 CIT	LE ME REET ADO Y-ST-ZIF	,	ADDITIONS/CHANGES TO OFFICE	☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP FRANTZ, LISA 1221 WHITESTONE WAY FT LAUDERDALE FL 33325 DVP CURBELO, BOB	☐ DELETE	13. 1.1 TIT 1.2 NAI 1.3 STI 1.4 CIT 2.1 TIT 2.2 NAI	LE ME REET ADX Y-ST-ZIF LE	,	ADDITIONS/CHANGES TO OFFICE	☐ Chang	e Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRANTZ, LISA 1221 WHITESTONE WAY FT LAUDERDALE FL 33325 DVP CURBELO, BOB	☐ DELETE	13. 1.1 TIT 1.2 NAI 1.3 STI 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STI 2.4 CI	LE ME REET ADZ Y-ST-ZIF LE ME REET ADZ	DRESS 5	DVP BOB our Belo 359 NW 201 Terr	Change Change Boy L	e Addition
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CITY-ST-ZIP 14. 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 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 Changeo, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Date

Daytime Phone #