

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

FILED
Apr 16 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 # P96000014728 (5)

1. Corporation Name

IMPACT ENTERTAINMENT GROUP, INC.

Principal Place of Business

1640 WEST OAK KINOLL CIRCLE
FORT LAUDERDALE FL 33324

Mailing Address

1640 WEST OAK KINOLL CIRCLE
FORT LAUDERDALE FL 33324-6411



3. Date Incorporated or Qualified

02/12/1996

3a. Date of Last Report

2. Principal Place of Business

21 1640 W. OAK KINOLL CIR.
Suite, Apt. #, etc.

2a. Mailing Address

26 1640 W. OAK KINOLL CIR
Suite, Apt. #, etc.

4. FEI Number

65-0647005

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

22 City & State

23 FORT LAUDERDALE

27 City & State

28 FORT LAUDERDALE

24 Zip 33324

25 Country Broward

29 Zip 33324

30 Country Broward

9. Name and Address of Current Registered Agent

COHEN, ROBERT I
1640 WEST OAK KINOLL CIRCLE
FORT LAUDERDALE FL 33324

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME COHEN, ROBERT I
STREET ADDRESS 1640 WEST OAK KINOLL CIRCLE
CITY-ST-ZIP FORT LAUDERDALE FL 33324

TITLE ~~COHEN, DAISY P.~~ ☐ DELETE
NAME ~~1640 WEST OAK KINOLL CIRCLE~~
STREET ADDRESS ~~FORT LAUDERDALE, FL 33324~~
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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE COHEN, DAISY P. ☐ Change ☒ Addition
1.2 NAME 1640 W. OAK KINOLL CIRCLE
1.3 STREET ADDRESS FORT LAUDERDALE, FL 33324
1.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 in 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:

3/31/97 (95) 370-7000

CR2E034 (9/96)