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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000018604**

1. Corporation Name
NATIONWIDE ENTERTAINMENT SERVICES, INC.

Principal Place of Business	Mailing Address
9493 FOXTROT LANE BOCA RATON FL 33496	9493 FOXTROT LANE BOCA RATON FL 33496

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1996

2. Principal Place of Business	2a. Mailing Address
21 799 Jeffery st	26 799 Jeffery St
Suite, Apt. #, etc. 22 309	Suite, Apt. #, etc. 27 309
City & State 23 Boca Raton, FL	City & State 28 Boca Raton FL
Zip 24 33487 Country 25 USA	Zip 29 33487 Country 30 USA

4. FEI Number: 65-0646775 ☐ 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 owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~A J SAGMAN~~
~~9493 FOX TROT LANE~~
~~BOCA RATON FL 33496~~

10. Name and Address of New Registered Agent

81 Name: Susan Schneider
82 Street Address (P.O. Box Number is Not Acceptable): 9007 D Boca Gardens Circle South
83
84 City: Boca Raton FL 85 Zip Code: 33496

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: Susan Schneider Susan Schneider 4-19-99 1-8-99 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SAGMAN, A.J.		1.2 NAME		
STREET ADDRESS	~~9493 FOXTROT LANE~~		1.3 STREET ADDRESS	799 Jeffery St #309	
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 CITY-ST-ZIP	Boca Raton FL 33487	
TITLE	~~ST~~	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	~~SAGMAN, SUSAN F~~		2.2 NAME		
STREET ADDRESS	~~9493 FOXTROT LANE~~		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~BOCA RATON FL 33496~~		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

No longer an officer of the Corporation

CR2E034 (11/98)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/8/99 561 982-8393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #