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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000020019 (1)

OCTOPUS ENTERTAINMENT, INC.

Principal Place of Business

Mailing Address

FILED 97 JUN 24 AM 10: 45

SECRETARY OF STATE TALLAHASSEE, FLORIDA



4400 W SAMPLE RD #140 COCONUT CREEK FL 33073			4400 W SAMPLE RD #140 COCONUT CREEK FL 33073-3458			·				
•					·	3. Date Incorporated or Qualified 03/05/1996	3a. D.	ate of Last I	Report	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address 26			4. FEI Number 064724	19)	opplied For Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	cate of Status Desired 38.75 Additional			
City & State		City & State	City & State			Fee Required 6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Furid Contribution			to Fees	
Zip 24	25 29 30			Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yos No				
	g, Name and Address of Cur	rent Registered Agent		B1	Name	10. Name and Address of New Re	gistered	Agent		
	KEFORD, WALTER H.C. 2 E 4TH AVE									
	IPA FL 33605		82 Street Addr		Street Add	Iress (P.O. Box Number is Not Acceptal	ole)			
•			1	В3						
			1	84	City		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607 1508, Florida Statu	ites, the abo	ovo	-named cor	poration submits this statement for the p	nurnose o	f changing	its registered	
office or r agent. I a	registered agent, or both, in the Sta im familiar with, and accept the ob	ate of Florida. Such change was ligations of, Section 607.0505, F	authorized Iorida Statu	l by ites	the corpora	tion's board of directors. I hereby acce	ot the app	ointment as	s registored	
SIGNATURE										
12,	Signature, typed or printed name of registered	agent and title if applicable (NO AND DIRECTORS	13,	Ager	nt signature requ	ered when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE PERS AND	DIBECTO:	DS IN 12	
TITLE	D	DELETE	1.1 TiTL	LE				Channe	Addition	
NAME	HOWE, RICKY A		1.2 NAA	ME		20000022	<u> </u>	012	9	
STREET ADDRESS	C/O 4400 W. SAMPLE RD.,		1.3 STREET ADDRESS		ADDRESS	-06/26/				
CITY-ST-ZIP	COCONUT CREEK FL 3307		1.4 CITY		I - ZIP	****66	J. UU			
TITLE		☐ DELETE	2.1 TITL					Change	Addition	
NAME	•		2.2 NAN							
STREET ADDRESS					ADDRESS					
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NAME	-	_ otten	3 ? NAN					onunge		
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NAME			4. 2 NAI	ME						
STREET ADDRESS			4.3 STR	EET A	ADDRESS					
CITY-ST-ZIP			4.4 CITY	Y - ST	I-ZIP					
TITLE		☐ DELETE	5.1 TITL	.Е		. . /	ን	☐ Change	Addition	
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TITLE		DELE1E	6.1 TITE			- 1 NV		Change	Addition	
NAME PERSONAL ADDRESS			6.2 NAM		********	U١				
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6.4 CHY	1 - 51	- ZIP					

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 logal 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 it changed, or on an attachment with an address.

W/20192