FILED

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90183 050 ***158.75

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Mailing Address

19501 BISCAYNE BLVD

AVENTURA FL 33180

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600020519

1. Corporation Name

Principal Place of Business 19501 BISCAYNE BLVD

AVENTURA FL 33180

THE REAL TODD'S TICKETS CORP.

	_					DO NOT-WRITE IN-THIS-SPACE	- =======	
				3. [3. Date Incorporated or Qualifed		
					03/06/1996			
2. Principal Place of Business 2a. Mailing Address							plied For	
26				65-0666783 No		t Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			, etc.			5. Certifcate of Status Desired See Re		
City & State City & State			,	The state of the s		1	* 11	
Zip	Country 25	Zip 29	30	ountry	,	8. This corporation owes the current year Intangible Personal Property Tax.		
-	9 Name and Address of Cu					10. Name and Address of New Registered Agent		
				81	Name			
RUBIN, TODD				(200 200 100 100 100 100 100 100 100 100				
19501 BISCAYNE BLVD				, 82	82 Street Address (P.O. Box Number is Not Acceptable)			
AVENTURA FL 33180				83				
	•			84	City	FL 85 Zip C	Code	
11. Pursuant	t to the provisions of Sections 607	.0502 and 607.1508, Flori	ida Statutes, the	abov	e-named cor	poration submits this statement for the purpose of changing its	registered	
office or	registered agent, or both, in the S am familiar with, and accept the ob	tate of Florida. Such chan	nge was authoriz	zed bv	the corporat	ion's board of directors. I hereby accept the appointment as req	gistered	
_		Algadoria di, occidir cor.	.0000, 1 10.100 0		•			
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registe	red Age	nt signature requi	red when reinstating) DATE		
12. OFFICERS AND DIRECTORS 13.				3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12	
TITLE				1 TITLE		Change	Addition	
NAME	RUBIN, TODD			2 NAME	}			
STREET ADDRÉSS	1 AGATE GOTTLANTAILE			3 STREE	T ADDRESS			
CITY-ST-ZIP	COLDEN BEACH EL 20420			4 CITY-S				
TILE				1 TITLE		☐ Change	☐ Additio	
NAME			2.:	2 NAME			•	
OTDEET ADDDGGG			3.	OTDEE	TADORESS			

2. 4 CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

... DELETE

☐ DELETE

DELETE

☐ DELETE

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:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE ALTON

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

NAME

☐ Change

Change

Change

☐ Change

___ Addition

Addition

☐ Addition

☐ Addition