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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000022881 (2)

DANNY D ENTERTAINMENT, INC.

| Principal | Place | oſ | Business |
|-----------|-------|----|----------|
| | | | |

Mailing Address

FILED May 19 1997 8:00am Secretary of State



| 3. Date Incorporated or Qualified 3a. Date of Last Re 03/11/1996 2. Principal Place of Business 2a. Mailing Address 4, FEL Number Apr | port died For Applicable |
|--|--------------------------------|
| 2. Principal Place of Business 28. Mailing Address 4 ESI Number | |
| | Applicable |
| | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Rec | I |
| City & State City & State 6. Election Campaign Financing \$5.00 : 28 Trust Fund Contribution Added to | , , |
| Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 24 25 29 30 Florida Statutes Yes No | 199.032, |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | |
| SPOHN, DANNY 81 Name | |
| 1300 SE 17TH ST CAUSEWAY 82 Street Address (P.O. Box Number is Not Acceptable) | |
| LAUDERDALE FL 33316 | |
| | |
| 84 City FL 85 Zip C | ode |
| | registered |
| 11. Pursuant to the provisions of Soctions 607 0567 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registred agent, or follo, in the State of Jorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as nagent. I are regular with and accept the obligations of, Section 607.0605, Florida Statutes. | egistered |
| SIGNATURE 11 1/W//10 4. 28.9.7 | |
| Statute Myped or Arint (a nance of registered agent and title if epiticable (NOTE Higgistered Agent a gnature required when rounstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | IN 12 |
| TITLE President, Secretary, . Treawer DELETE 1.1 TITLE Change | Addition |
| NAME DANNY Sponn 1.2 NAME | |
| NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DANNY SOON 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.5 CITY-ST-ZIP 1.5 CITY-ST-ZIP 1.5 CITY-ST-ZIP 1.6 CITY-ST-ZIP 1.7 CITY-ST-ZIP 1.7 CITY-ST-ZIP 1.7 CITY-ST-ZIP 1.8 CITY-ST-ZIP 1. | |
| CITY-ST-ZIP FORT Lauderdale, FC 33316 1.4 CITY-ST-ZIP TITLE DELETE 21 TITLE Change | Contract Contract |
| TITLE DELETE 2.11HLF Change | ☐ Addition |
| STREET ADDRESS 2.3 STREET ADDRESS | |
| CITY-ST-ZIP 2. 4 CITY-S1-ZIP | |
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| NAME 3.2 NAME | |
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| | Addition |
| NAME 6.2 NAME 5TREET ADDRESS 6.3 STREET ADDRESS | ļ |
| GITY-ST-ZIP 64 CITY-S1-ZIP | |

4. 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 supplement/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 comporation or the receival 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 inchanged, or on an attrichment with an address.

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