## 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 # P96000025009 (7)

SPACE AGE FAMILY ENTERTAINMENT, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 30 1997 8:00am Secretary of State



SPRING HILL FL 34606		SPRING HILL FL 34606-6752						
					3. Date Incorporated or Qualified 03/20/1996	3a. Date of Last F		
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	I IAr	oplied For		
21		26			59-3368561	, No	ot Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			•		Additional	
22		27			5. Certificate of Status Desired	Fee Re	equired	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28		Trust Fund Contribution Added to Fees				
Zip	Country	Zφ	Count	У	8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30		Florida Statutes 🔲 Yes 🗹 No			
g, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
	RILAWYER CHARTERED		8	1 Name				
343	ALMERIA AVENUE		82 Street Addre		dress (P.O. Box Number is Not Acceptab	le)		
COR	AL GABLES FL 33134		L					
			8	3				
			8	4 City		<b>85</b> Zip	Code	
			ا	City			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 agen			gool signature req	ured when reinstaling)	DATE		
12.			13. 1.1 THE		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12 S	
	FRIEL, GEORGE J	L DEFEIG				L. Griange	1,	
NAME	A444 (MATEV A41/A A1DAI E		1.2 NAM				Š	
STREET ADDRESS	CODING LINE EL GAGOG			ET ADDRESS			إز	
CITY-ST-ZIP			1.4 CITY			Change	Addition	
TITLE	1		2.1 1111.6	ì		L. J Unange	☐ Vocinon	
NAME	FRIEL, FRANCINE S 3421 KNOTTY OAKS CIRCLE		2.2 NAME			• •		
STREET ADDRESS			2.3 STREET ADDRESS					
CITY-ST-ZIP	SPRING HILL FL 34606	OFICE	2.4 C(1Y-S1-7IP			Channa	T Addition	
TITLE		☐ DELETE	3.1 TOLE			Change	Addition	
NAME			3.2 NAM:					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		Dotters	3.4 City				4.4000	
TITLE	DELETE		4.1 TITLE			Change	Addition	
NAME			4. 2 NAM					
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CITY-ST-ZIP			4.4 CITY					
TITLE		DELETE	5111116			Change	☐ Addition	
NAME			5.2 NAM	E				
STREET ADDRESS			53 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY	-S1 - ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAM	:				
STREET ADDRESS	1		6.3 STRE	E1 ADDRESS				
CITY-ST-ZIP			6.4 CITY	· S1 · ZiP				

14. 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 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. 352 11/2/1,002