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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600031653 (4) SHANG ARTIST MANAGEMENT, INC.

FILED
Jul 09 1998 8:00am
Secretary of State

SHANG	G ARTIST MANAGEMENT, I	NC.			
Principal Plac	ce of Business	Mailing Address			ONDO STATE ORIGINAL DISABLISTE CANS
404 WASHINGTON AVENUE 4		404 WASHINGTON AVE	NUE		
MIAMI BEACH FL 33139 MIAMI BEACH FL 3313		9	DO NOT WRITE IN THIS SPACE		
 				3. Date Incorporated or Qualified	13 STACE
				04/11/1996	
2. Principal F	Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21		}-¬ ~		22-3244063	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25 25 Name and Address of Curre	29	30	Personal Property Tax due June 30.  10. Name and Address of New Registere	Yes No
		aur makipinan Whalii	81 Name	In. Matte Bill Midless of Men 498 stelle	A VApril
UII	LLION, CLIFTON				
404 WASHINGTON AVENUE MIAMI BEACH FL 33139			82 Street Add	fress (P.O. Box Number is Not Acceptable)	
			83		
			84 City	F	85 Zip Code
office or agent. I a SIGNATURE	registered agent, or both, in the Stat am familiar with, and accept the oblig Standure, typed or ponted hanks of registered as	galions of, Section 607.0505, F	s authorized by the corpora Torida Statutes. DIE Registered Agent signature requ	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PT	DELFTE	1.1 Trile		Change Addition
NAME	DILLION, CLIFTON		1.2 NAME		
STREET ADDRESS	404 WASHINGTON AVENUE	, Suite 680	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY - ST - ZIP		
TITLE	V	DECETE	2.1 TALE		Change Addition
NAME	DILLION, CLIFTON		2.2 NAME		
STREET ADDRESS	404 WASHINGTON AVENUE	, SUITE 680	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139	T ACTES	2.4 CITY-ST-ZIP		
TITLE	S DILLION OUTTON	☐ pet de	3.1 TITLE		Change Addition
NAME	DILLION, CLIFTON	CHITE COA	3.2 NAME		
STREET ADDRESS	404 WASHINGTON AVENUE	, SUITE DOU	3 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139	DELETE	3.4. C/1Y-ST-7/P		Change Addition
TITLE	1	_ рии	4.1 TITLE 4.2 NAME		C Guarde C Madition
NAME L expert apparee					
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CHY-ST-7IP		
TITLE	<del></del>	DELLIE	4.4 CHY-S1-7IP 5.1 TITLE		Change Addition
NAME			5.2 NAME		<u>ੱ</u> ਪੌਂ ਹ
STREET ADORESS			5 3 STREET ADDRESS		めろ
CITY-ST-ZIP			5.4 CHY-ST-ZIP		7.4
TITLE		DELETE.	61 TITLE		Change Addition
NAME		<u></u>	6 2 NAME	7000025876 -07/14/98010050	
STREET ADDRESS			6.3 STREET ADDRESS		034
CITY-ST-7IP	1		6.4 CITY - ST - ZIP	***150.00	

14. Thereby 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 actual report is true and accurate 3 id 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 corporation or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed up to a province with an address.

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Alamon

275-521-7755