

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

FILED

May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000040600 (4)

1. Corporation Name
HIT ENTERTAINMENT INC.



Principal Place of Business
8880 SW 18TH COURT
PEMBROKE PINES FL 33025-3304

Mailing Address
8880 SW 18TH COURT
PEMBROKE PINES FL 33025-3304

3. Date Incorporated or Qualified 05/06/1996	3a. Date of Last Report
4. FEI Number 65-0667164	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 PO Box 5822
22 City & State	27
23 City & State	28 HOLLYWOOD FL
24 Zip	29 33083-5822
25 Country	30 USA

9. Name and Address of Current Registered Agent MOTTRAM, PAUL 8880 SW 18TH COURT PEMBROKE PINES FL 33025-3304	10. Name and Address of New Registered Agent
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85 Zip Code	FL

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: *Paul Mottram* DATE: 4/26/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	CHAIRMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	KERRY GLENN
STREET ADDRESS		1.3 STREET ADDRESS	8860 SW 16TH COURT
CITY-ST-ZIP		1.4 CITY-ST-ZIP	PEMBROKE PINES FL 33025
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	KERRY GLENN
STREET ADDRESS		2.3 STREET ADDRESS	8860 SW 16TH COURT
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PEMBROKE PINES FL 33025
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	PAUL MOTTRAM
STREET ADDRESS		3.3 STREET ADDRESS	8860 SW 16TH COURT
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PEMBROKE PINES FL 33025
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	PAUL MOTTRAM
STREET ADDRESS		4.3 STREET ADDRESS	8860 SW 16TH COURT
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PEMBROKE PINES FL 33025
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	PAUL MOTTRAM
STREET ADDRESS		5.3 STREET ADDRESS	8860 SW 16TH COURT
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PEMBROKE PINES FL 33025
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	CHIEF EXECUTIVE OFFICER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	KERRY GLENN
STREET ADDRESS		6.3 STREET ADDRESS	8860 SW 16TH COURT
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PEMBROKE PINES FL 33025

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, changed, or on an attachment with an address.

SIGNATURE: *Paul Mottram* DATE: 4/26/97 954 704 9577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)