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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B, Martham A

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000040600 (4)

HIT ENTERTAINMENT INC.

Principal Place of Business

Mailing Address

FILED Jun 29 1998 8:00am Secretary of State



8660 SW 16 PEMBROKE	STH COURT PINES FL 33025-3304	P.O. BOX 5822 HOLLYWOOD FL 33083 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/06/1996	
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21 1547	6 N.W. 77.0 CT	26		65-0667164	Not Applicable
\$uite, Apt. 22 <i>Sul /</i> 7	FE 429	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 /M/a/	ni lakes Fl	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 330/	16 25 USA	Ζη. 29	Country 30	This corporation owes or has paid the corporate Property Tax due June 30.	Yes No
	9, Name and Address of Current	Registered Agent	81 Name /	10. Name and Address of New Registered	1 Agent
MOTTRAM, PAUL				Serry R. Glend	
			82 Street Add	dress (P.9. Box Number is Not Acceptable)	1/2 4
P	EMBROKE PINES FL 33025-3304		83	6 NYW. 774 CA Suite	7.67
	_				
1	4		84 City AM	inus! lake FI	85 Zip Code
of∰re or r	egistered agent, or both, in the State of	af Florida. Such change was a	uthorized by the cornera	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered pointment as registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flo	rida Statutes.		12/00
SIGNATURE	Signature, typed or printed reinic of reastern Lagran	nod title it appreciation (NOTE	Flegistered Agent signature requ	ured when reinstating) DATE	11/78
12,	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	CSCE	DELETE	1.1 TITLE		Change Addition
NAME	GLEEN, KERRY		1.2 NAME		
STREET ADDRESS	8660 SW 16TH COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	* PEMBROKE PINES FL		1.4 CITY - ST - ZIP		
TITLE	DIP	▼ DELETE	2 1 TITLE		Change Addition
NAME	MOTTRAM, PAUL	- ·	2 2 NAME		
STREET ADDRESS	8660 SW 16TH COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		2. 4 CITY - ST - ZIP		——————————————————————————————————————
TITLE	CSCE POST	DELETE	3 1 TITLE		Change Addition
NAME	10174 N.W. 7772	7, 54140, 429	3 2 NAME		
STREET ADDRESS	01enil, Kelly 77 #10 15476 W.W. 77 #10 Miam! Lake 1/ 3301	6	3 3 STREET ADDRESS		
CITY-ST-ZIP	MIRANI ZURE FT 3301		3.4. C/TY-ST-7/P		Change Addition
TITLE	-	☐ DELETE	4.1 Title		The primarity of the primary of the
NAME			4 2 NAME		
STREET ADORESS			4 3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CHY-ST-7IP		Change Addition
TITLE			5 1 TITLE		ondigo recition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		Change Addition
	1	L otter	6.2 NAME	grotta grota grota attos encialituda Accidi coca ancid Accid	7/
NAME OTRECT ADDRESS	•		6.3 STREET ADDRESS	600002576 9 - 07/01/38 - 01011 - 0	125° Y XV
STREET ADDRESS	=		6.4 CITY-ST-ZIP	***150.00	~~ \ \ \'
i bill:51-78*	1		■ U.T UD 1 T UD 1 Z U	 * * * * * * * * * * * * * * * * * * *	_

14. 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 eath; 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 attaction of with an address

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4/24/ac/ac-101-811