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FILED

Jun 29 1998 8:00am

Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham, A.  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000040600 (4)

1. Corporation Name

HIT ENTERTAINMENT INC.

Principal Place of Business

8880 SW 16TH COURT  
PEMBROKE PINES FL 33025-3304

Mailing Address

P.O. BOX 5822  
HOLLYWOOD FL 33083  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1996

4. FEI Number

65-0667164

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 15476 N.W. 77th Ct

Suite, Apt. #, etc.

22 Suite 429

City & State

23 Miami Lakes FL

Zip

24 33016

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

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City & State

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Zip

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Country

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9. Name and Address of Current Registered Agent

MOTTRAM, PAUL  
8880 SW 16TH 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)

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84 City

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Zip Code

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SIGNATURE

K. R. Gleen

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

6/17/98

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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14. I 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 or on an attachment with an address

SIGNATURE

6000025763015  
07/01/98 -- 01011 -- 025  
\*\*\*150.00

4/24/98

CR2E034 (10/97)