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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

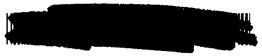
Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998

DOCUMENT # P96000041926 (2) J & M PLAYBILL PRODUCTIONS, INC.

## **FILED** Apr 01 1998 8:00am Secretary of State



Principal Place	e of Busines	s	Mailing	Address			
% 16105 N.E. 18TH AVENUE N MIAMI BEACH FL 33162				% 16105 N.E. 18TH AVENUE N MIAMI BEACH FL 33162			DO NOT WRITE IN THIS SPACE
							3. Date incorporated or Qualified
							05/15/1996
2. Principal Pi	lace of Busin	ness	2a. Ma	iling Address			4. FEI Number Applied For
21			26				65-0667493 Not Applica
Suite, Apt.			27				5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	9		— — ·	City & State			6. Election Campaign Financing \$5.00 May Bo
23		Country		Zip Country			Trust Fund Contribution Added to Fees
Zip Country 25			— ·				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No
24	9. Name	and Address of 6	29 Current Registers	d Agent	30		10. Name and Address of New Registered Agent
200					81	Name	To real and
	NES, VICT						
	105 N.E. 18	OH FL 33162			82	Street A	Address (P.O. Box Number is Not Acceptable)
14.0	AINMI DEW	UN FL 33 102			83	1	
				•			
					84	City	FL 85 Zip Code
11. Pursuant i office or re agent. I a	to the provis egistered aç m familiar w	ions of Sections 60 jent, or both, in the th, and accept the	7.0502 and 607.1 State of Florida. S obligations of, Se	508, Florida Statu Such change was ction 607.0505, F	ites, the above authorized b lorida Statute	e-named o y the corpo s.	corporation submits this statement for the purpose of changing its register oration's board of directors. I hereby accept the appointment as registere
SIGNATURE							
Signature, typed or printed name of regretered agent and little if applicable.  12. OFFICERS AND DIRECTORS					OTE: Registered Agent signature requi		required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	OFFICE	IS AND DIRECTO	DELETE	1.1 TITLE		Change Addi
NAME	-	ER, JAMES M			1.2 NAME	]	
STREET ADDRESS		UNIVERSITY DE	APT. 14A			T ADDRESS	
CITY-ST-ZIP	_	L 33328			1.4 CITY-	- 1	
TITLE	<u> </u>	2 00020		DELETE	2.1 TITLE	31-20	☐ Change ☐ Addi
NAME I					2.2 NAME		· - · · · - · · · · · · · · · · · · · ·
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NAME			•••		5.2 NAME		60000247436€ <sup>Change</sup> □ Addi -04/01/9801008020
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CITY-ST-ZIP					5.4 CITY-	ST-ZIP	
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NAME					6.2 NAME		
STREET ADDRESS	Į				6.3 STREE	T ADDRESS	4,
CITY-ST-ZIP					6.4 CITY-	ST-ZIP	

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 if chapted, or on an attachment with an address.