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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600048100

Corporation Name

M&M ENTERTAINMENT INC.

Principal Place of Business						
1355 W. PALMETTO PARK RD. SUITE 101 BOCA RATON FL 33486-3303						
BOCA RATON FL 33486-3303						

Mailing Address

1355 W. PALMETTO PARK RD. SUITE 101

BOCA RATON FL 33486-3303

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90085 017 ***150.00



DO NOT WRITE IN THIS SPACE

BOCA RATON I	PL 33486-33U3	BUCA KATUN PL 33480-3303)	50 101 11112 111 1110	J	
				3. Date Incorporated or Qualifed 06/03/1996		
2 Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	A	pplied For
21 3/07	Fill more St		more st	65-0709548	N N	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.			\$8.75	Additional
22	.,	27		5. Certifcate of Status Desired	Fee R	equired
City & State	e	City & State		6. Election Campaign Financing	\$5.00	May Be
	ywood Fl	28 Hollyward	E1	Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Int	angible	
24 3307	25 VSA	29 33021 3	50 USA	Personal Property Tax.	Yes	□No
<u></u>	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered	Agent	
		•	81 Name	VILHOLAS Schiano		
CUT	Ler, eric			dress (P.O. Box Number is Not Acceptable)		-
1355	5 W. PALMETTO PARK RD.		D 14 7	FI/MORE ST		
SUIT	E 101		83	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ 		
BOC	A RATON FL 33486-3303		#6// L	mood		
			84 City	FI	85 Zip	Code 302
44 Diversions	to the provisions of Sections 607.066	02 and 607 1508 Florida Statutes	the above-named co	rporation submits this statement for the nurnose of	changing its	s registered
office or r	registered agent, or both, in the State	of Florida. Such change was aut	thorized by the corpora	tion's board of directors. I hereby accept the appoi	ntment as re	egistered .
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statutes.		+-1	٠
SIGNATURE		nano VP	Registered Agent signature requ	2-1-99 DATE		
40	Signature, typed or printed name of registered age	ND DIRECTORS (NOTE: F	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	ORS IN 12
12.	P OFFICERS AI	DELETE	1.1 TITLE	7001110110101101010110110110110110110110	Change	☐ Addition
TITLE	CUTLER, ERIC	1	1.2 NAME			
NAME	1355 W. PALMETTO PARK RD	# 101				
STREET ADDRESS	1355 W. PALMETTO PARK HU		1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33486	D DELETE	1.4 CITY-ST-ZIP		☐ Change	☐ Addition
TITLE	VP	☐ DELETE	2.1 TITLE			
NAME	SCHIANO, NICHOLAS		2.2 NAME			
STREET ADDRESS	3107 FILLMORE ST		2.3 STREET ADDRESS	·		
CITY-ST-ZIP	HOLLYWOOD FL 33021		2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-\$T-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4 3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
			5.4 CITY-ST-ZIP			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
		_ >====	6.2 NAME		_ •	
NAME			6.3 STREET ADDRESS			
STREET ADDRESS			0.5 STREET ADDRESS			

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-99 954-249-8991

25034 (11/98)