

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000048131**
1. Corporation Name
SABRE ENTERTAINMENT, INC.

Principal Place of Business 1 WORLD TRADE CENTER SUITE 7967 N.Y., N.Y. 10048	Mailing Address 1 WORLD TRADE CENTER SUITE 7967 N.Y., N.Y. 10048
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified JUNE 3, 1996	3a. Date of Last Report
4. FEI Number 13-8936187	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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	

9. Name and Address of Current Registered Agent
**DAVID BOOTHE
12036 SW 270 STREET
HOMESTEAD, FL 33032**

10. Name and Address of New Registered Agent
81 Name **KEVIN COYLE COLBERT**
82 Street Address (P.O. Box Number is Not Acceptable)
15021 S.W. 89th TERRACE ROAD
83
84 City **MIAMI** FL 85 Zip Code **33196**

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE *[Signature]* DATE **4/21/97**

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR/PRESIDENT	<input checked="" type="checkbox"/> DELETE
NAME	DAVE BOOTHE	
STREET ADDRESS	411 PARK PLACE AVE.	
CITY - ST - ZIP	BRADLEY BEACH, NJ 07720	
TITLE	DIRECTOR/SECRETARY	<input checked="" type="checkbox"/> DELETE
NAME	DONNA STRINGER BOOTHE	
STREET ADDRESS	411 PARK PLACE AVE.	
CITY - ST - ZIP	BRADLEY BEACH, NJ 07720	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DIRECTOR/SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DAVE BOOTHE	
13 STREET ADDRESS	411 PARK PLACE AVE	
14 CITY - ST - ZIP	BRADLEY BEACH, NJ 07720	
21 TITLE	DIRECTOR/PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DONNA STRINGER BOOTHE	
23 STREET ADDRESS	411 PARK PLACE AVE.	
24 CITY - ST - ZIP	BRADLEY BEACH, NJ 07720	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS	100002184951	
64 CITY - ST - ZIP	-05/20/97--01051--002	
	***173.75	

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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **4/27/97** (908)988-8976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)