

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

3. Date Incorporated or Qualified

JUNE 3, 1996

3a. Date of Last Report

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

4. FEI Number

13-8936187

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

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		
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		
64 CITY - ST - ZIP		

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***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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/97 (908)988-8976
Date Daytime Phone #

CR2E034 (9/96)