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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

City - St - Zif

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600056438 (0)

RONNIE'S SOUND STAGE INC.

1900 SW BIST AVENUE 1900 SW BIST AVENUE SUITE 211 SUITE 211 NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33068-4756 3. Date incorporated or Qualified 3a. Date of Last Report 07/04/1996 FFI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Country Z_{10} Yes 💹 No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name STEINER, GREGORY L 1900 SW 81ST AVENUE **B2** Street Address (P.O. Box Number is Not Acceptable) **SUITE 211** 83 NORTH LAUDERDALE FL 33068 84 Zip Code Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, in the flate of Florida, such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the obligation of section 607,0505, Florida Statutes. 11. Pursuant to the provisions office or registered agon of agent. I am familiar with and or both, in the and accept to SIGNATURE INOTE: Registered Agent signature required when reinstating) de it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE TITLE PC NAME STEINER, GREGORY L 1.2 NAME 1900 SW 81ST AVENUE STE 211 STREET LADORESS 1.3 STREET ADDRESS **NORTH LAUDERDALE FL 33068** 1.4 CITY-ST-ZIP CHY-SI Change Addition ☐ DELETE 21 TITLE THE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-SY-ZIP 011 Y - \$1 - ZiF Change Addition DELETE 31 TITLE HILE 3.2 NAME NAMi 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHY-\$1-7.6 Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIE 4.4 CITY-ST-ZIP Change Addition DELETE 5.1 TITLE THE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHY - \$1 - 7/6 Addition Change DELETE TITLE **6.1 TITLE** 6.2 NAME NAMA **6.3 STREET ADDRESS** STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 in 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 a sattaneous with an address.

NAME OF SIGNING OFFICER OR DIRECTOR