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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000081730 (9)

FILED May 04 1998 8:00am Secretary of State

PHARACLE ENTENTAINMENT MANAGEMENT GROUP, INC.										
Principal Plac	e of Business	Mailin	g Address				- I I DARLADOR END HEIGH DEGIN BUNN EDING SEKUL DEK	01 15101 YWH 101	100 IJUN 0111 (D01	
3300 UNIVERSITY DR. SUITE 601 3300 UNIVERSITY DR. 8 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33					1		DO NOT WRITE IN TH	IS SPACE		
							3. Date Incorporated or Qualified 09/30/1996	<u></u>		
2. Principal F	Place of Business	2a. Ma	ailing Address				4, FEI Number	Т Т	Applied For	
21	26								Not Applicable	
			uite, Apt. #, etc.				S8 75 4d		5 Additional	
27							5. Certificate of Status Desired	Fee	Required	
City & Sta	te	Cit	ly & State				6. Election Campaign Financing	\$5.0	00 May Be	
23		28					Trust Fund Contribution	Adde	ed to Fees	
Zip	Country	Zip Country				8. This corporation owes or has paid the current year Intangible				
24	25	29		30			Personal Property Tax due June 30.	☐ Yes	□ No	
	9. Name and Address of Curre	nt Registere	d Agent		221		10. Name and Address of New Registere	d Agent		
	POLIN, ALAN J				81	Name				
	3300 UNIVERSITY DR, SUITE 60'	1			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
(CORAL SPRINGS FL 33065									
ı				ļ	63				į	
				l	84	City	,	85 Zi	ip Code	
							F			
office or agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	oz and 607.5 e of Florida. S jations of, Se	Such change was a setion 607.0505, Fil	es, the at authorized orida Stati	ove dby utes	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the a	ppointment	as registered	
SIGNATURE									1	
	Signature, typed or printed name of registered ag				Ager	nt signature require	od when reinstating) DATE			
12.	OFFICERS AN	ID DIRECTO		13.			ADDITIONS/CHANGES TO OFFICERS A			
TITLE	D D		☐ DELETE	1.1 TIT				L Chang	e L Addition	
HAME	POLIN, ALAN J	TF 004		1.2 NA					13	
STREET ADDRESS	3300 UNIVERSITY DR, SUI					ADDRESS]}	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		'-ZIP	7-11	☐ Chang	e Addition	
NAME	PERRI, ANTHONY J			2.1 MA				CID-19	· Dylogision	
STREET ADDRESS	3300 UNIVERSITY DR, SUI	TE 401		•		ADODECC			!	
	CORAL SPRINGS FL 33065				-	ADDRESS				
CITY-ST-ZIP TITLE	CONTR. OF THIT CO. T.E. GOOD.		DELETE	2. 4 CI		1-217		Chang	e Addition	
NAME	1			3.2 NA				4		
STREET ADDRESS	1			1		ADDRESS .			i	
CITY-ST-ZIP				3.4. CI		l'			İ	
TITLE		•	DELETE	4.1 T)1				Change	e Addition	
NAME				4.2 N/				•	į	
STREET ADDRESS	ì			- 1		ADORESS			ì	
CITY-ST-ZIP				4.4 CI					1	
TITLE			DELETE	5.1 TH				Chang	e Addition	
NAME				5.2 NA	ME					
STREET ADDRESS	1					ADDRESS .			}	
CITY-ST-ZIP				5.4 CIT						
TITLE			DELETE	6.1 TIT				Chang	e Addition	
NAME				6.2 NA	ME					
STREET ADDRESS				6351	REET /	ADDRESS			}	
CITY-ST-ZIP				6.4 CIT				•		
14. I hereby	certify that the Information supplied v	vith this filing	does not qualify for				Section 119.07(3)(i), Florida Statutes. I further	certify that t	he information	

ит иль в примя прили и ворянителния аппиат 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.