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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000084668 (8)

TNT MOVIES AND GAMES, INC.

Mailing Address Principal Place of Business 2387 HIGHWAY 98 WEST. #B 2387 HIGHWAY 98 WEST. #B MARY ESTHER FL 32569-1453 MARY ESTHER FL 82569 3. Date Incorporated or Qualified 3a. Date of Last Report 10/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-340105 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032. Yes No 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TAYLOR, MARY F 140 LONG POINTE DRIVE 82 Street Address (F.O. Box Number is Not Acceptable) MARY ESTHER FL 32569 83 84 Zip Code 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, typed or printed name of rug stored agent and title diapplicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. RESIDEN1 NCE PRESIDENT Change Addition 🔲 DELETE TITLE 1.1 THLE MARY TAYLOR SHIRLEY TAYLOR NAME 1.2 NAME 140 LONZ PUNTE DE 140 LONG POINT DR STREET ADDRESS 1.3 STREET ADDRESS MANY ESTAGE FI 32569 MANY ESTATER FI 32669 CITY-ST-ZIP 1.4 C(1Y - \$1 - Z)P Change Addition DELFTE 2.1101.6 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE ☐ Change Addition 3.1 THILE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. C(1Y - S1 - Z)F DELETE Change ☐ Addition 4.1 Title TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZII DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZII: DELETE Change Addition 6.1 Title TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

11.10

information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath, 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

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

STREET ADDRESS CITY-ST-ZIP