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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600084668 (8)

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TNT MOVIES AND GAMES, INC.

## FILED Apr 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2387 HIGHWAY 98 WEST. #B 2387 HIGHWAY 98 WEST. #B MARY ESTHER FL 32569 MARY ESTHER FL 32569 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3401051 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added 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 Current Registered Agent 10. Name and Address of New Registered Agent TAYLOR, MARY F 81 Name 140 LONG POINTE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) MARY ESTHER FL 32569 83 84 City 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 registered agent and title if applicable (NOTE Registered Agent's gnature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 DELETE TITLE 1.1 THLE Change Addition TAYLOR, MARY NAME 1.2 NAME 140 LONG POINTE DR STREET ADDRESS 1.3 STREET ADDRESS MARY ESTHER FL CITY-ST-7/P 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition TAYLOR, SHIRLEY NAME 2.2 NAME 140 LONG POINTE DR STREET ADDRESS 2.3 STREET ADDRESS MARY ESTHER FL CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TrTLE Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY - ST- ZIP 6.4 CITY-ST-ZIP

14. I 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 suppliemental 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.