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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000094768 (4)

PROGRESSIVE ENTERTAINMENT, INC. Principal Place of Business Mailing Address 1241 MCDUFF AVE S 1241 MCDUFF AVE & JACKSONVILLE FL \$2205 JACKSONVILLE FL 32205-8050 3. Date Incorporated or Qualified 3a. Date of Last Report 11/15/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Ζip Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 25 Florida Statutes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PAULDINE, JAMES N 1241 MCDUFF AVE S 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32205 83 City 84 Zip Code tions 607-9602 and 607-1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered the obligations of Societies 607.0505, Florida Statutes. 11. Pursuant to the provisions of Section office or registered agent, or tred agent. I am tamiliar with, and acc SIGNATURE (NOTil: Registered Agent signature required when relistating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1:100 3 N. HOULD NE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS City-St-7iP 1.4 CITY-ST-ZIP Change DELETE 2.1 TITLE Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CHY+ST-7IP DELE 1E Change Addition TITLE 3.1 1011 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - S1 - ZIP ☐ DELETE ☐ Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - S1 - 71P CITY-ST-ZIP DELETE Change Addition 5.1 TOLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CiTY - ST - ZIP

6.3 STREET ADORESS 6.4 CITY- \$1- ZIP

6.1 TITLE

6.2 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 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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Change

Addition

FILED

Apr 28 1997 8:00am

Secretary of State

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

BOUNGUE 9068