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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000094974 (8)

1. Corporation Name
MILLENNIA ENTERTAINMENT OF FLORIDA, INC.

Principal Place of Business	Mailing Address
801 SW 10TH STREET POMPANO BEACH FL 33060	201 SW 10TH STREET POMPANO BEACH FL 33060-8749

3. Date Incorporated or Qualified: 11/20/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 841 NW 91ST TERRACE
Suite, Apt. #, etc. 22:
City & State 23: PLANTATION, FLA.
Zip 24: 33324 Country 25: USA

2a. Mailing Address
26: 23 HAYES STREET
Suite, Apt. #, etc. 27:
City & State 28: NESCONSET, NEW YORK
Zip 29: 11767 Country 30: USA

4. FEI Number: 65-0709965 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
RUSSO, FRANK
~~201 SW 10TH STREET~~
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent
81 Name: FRANK B. RUSSO
82 Street Address (P.O. Box Number is Not Acceptable): 841 NW 91ST TERRACE
83:
84 City: PLANTATION FL 85 Zip Code: 33324

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: F Russo — 4/14/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUSSO, FRANK 115 NEWTOWN ROAD PLAINVIEW NY 11803	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT FRANK B. RUSSO 23 HAYES ST. NESCONSET, NY 11767	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SECRETARY/TREASURER GREGORY PASCUCCI 56 KRISTIN LANE HAUPPAUGE, NY 11788	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VICE-PRESIDENT RICHARD R. MANDO 135 MAIN AVE. LAKE GROVE, NY 11755	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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 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 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.

SIGNATURE: F Russo — 4/14/97 — 516-249-3636