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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000095918 (4)

TINKLETOONS INC.

FILED May 05 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address						1 18 01 18 01 516 10 110 04511 0 0151 6 8 111 3 0 15	\$8110 I\$101 \$1		 	
1718 ST. TROPI KISSIMMEE FL		1716 ST, TROPEZ (KISSIMMEE FL 347								
							3. Date Incorporated or Qualified	3a. Dat	e of Last R	leport
							11/19/1996		/	,
2. Principal Place of Business							4. FEI Number		V Ar	oplied For
21 1970 OSCEOLA PRWY 26 SAME							<u> </u>		No	ot Applicable
Suite Apt. #, etc. * Suite Apt. # etc.							5. Certificate of Status Dosired			Additional
22 SUITE 320 27							5. Certificate of Status Desired	<u></u>	Fee Re	equired
City & State 23 KISS MMEE FL, 28 City & State							6. Election Campaign Financing		\$5.00	
23 / \ \ \ Zip	Country	7 28 7 7 7		n. 104r.			Trust Fund Contribution		Added	
24 347		<u>├</u> ──	30	ountry			8. This corporation has liability for	intangible t Yes		. 199.032,
24 011	g. Name and Address of	29 Current Registered Agent	[30]	-T			Florida Statutes 10. Name and Address of New Re			
NOP	RIS, RICHARD W ESQ.			81	Nan	10	10. Name and Address of Now In	giotolou A	Jone	
	-A ASHLEY PARK COURT			_						
	ANDO FL 32835			82	Stre	el Addr	ess (P.O. Box Number is Not Acceptal	ole)		
VIID	4100 I C 02000			83						
				84	City				85 Zip	Code
					´			FL		
office or r	to the provisions of Sections 6 egistered agent, or both, in the m familiar with, and accept the	e State of Florida. Such chang	e was authoria	ed bo	v the c	ed corp orp <mark>or</mark> ati	oration submits this statement for the ion's board of directors. I hereby acce	ourpose of o ot the appo	changing it intment as	s registered registered
SIGNATURE	Signature, typed or printed name of regis	broad according of belond according to	/NOTE Example		not class	hura rapula	ed when reinstaling)	DATE		
12.		RS AND DIRECTORS	11		an aigne	Ore require	ADDITIONS/CHANGES TO OFFI		DIRECTOR	RS IN 12
TITLE	PD	DEL	·		1.1 THLE		11251113113731131131311311311311311311311311		Change	Addition
NAME	DEMAURO, NICHOLAS		1.2	NAME					•	
STREET ADDRESS	1716 ST. TROPEZ COUR	T	1.3	STREET	ADDRES	is				
CITY-ST-ZIP	KISSIMMEE FL 34744		14	CH1Y - 5	31 - ZIP					
TITLE	VPD	DEL		113LE					Change	Addition
NAME	DEMAURO, ANNETTE		2.2	NAME			•			
STREET ADDRESS	1716 ST. TROPEZ COUR	Τ	2.3	STREET	ADDRES	s				
CITY-ST-ZIP	KISSIMMEE FL 34744		2	CITY -:	ST-7IP		·	•		
TITLE		DEL	TE 31	117LE					Change	Addition
NAME			32	NAME						
STREET ADDRESS			3 3	STREET	ADDRES	s				
CITY-ST-ZIP				CITY-	31 - 7IP					
TITLE		L □ DEt	ETE 4.1	THTLE					Change	Addition
NAME			4. ;	NAME						
Street address			4.3	STREET	ADDRES	\$	•			
CITY-ST-ZIP				C/TY+S	7 - ZIP	<u> </u>				
TITLE		L D€t	: 1E 5.1	TITLE				L	Change	Addition
NAME			5.2	NAME						
STREET ADDRESS			5.3	STREET	ADDRES	S				
CITY-ST-ZIP		D no.		CITY-S	T-ZIP	4				
TITLE		□ DEL	- 8	TITLE				L	Change	Addition
NAME				NAME			•			
STREET ADDRESS					ADDRES	S				
CITY-ST-ZIP	ov certify that the information s	unphied with this filing door o		CITY-S	I-ZIP	2 01010 -	Lin Contine 110 07/0V/0 Florida Contin	- 17	and the o	Alexander of the second

information indicated on this annual report or supplied with this bling 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 supplied in 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 an ayaltay ment with an address.

CIONATURE.

104110 DEMANTO 2/11/97- 204-13

E034 (9/96)