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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT CZ STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **19**98 DOCUMENT # P97000001952 (5)

## **FILED** Aug 12 1998 8:00am Secretary of State

TWO DEVICE ENTERTAINMENT INC.				
				T DEGINER HIG SASH FARK ARKI BRIS BRIS BRIS BRIS BRIS BRIS HARRI HARRI HIGH BIS BRIS SAS ARK
Principal Place of Business Mailing Address				
_				
14615 TURTLE CREEK COURT STE 609 14615 TURTLE CREEK COUI LUTZ FL 33549 LUTZ FL 33549			IRI SIE 609	
				DO NOT WRITE IN THIS SPACE
{				3. Date Incorporated or Qualified
2. Principal Pla	ce of Rusings	2a. Mailing Address		01/02/1997 4. FEI Number 2 (1.0.0.0.1   Applied For
21	OC DI BUSINESS	26		4. FEI Number 3417781 Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc				\$8.75 Additional
22		27		5. Certificate of Status Desired
City & State		City & State		6. Election Campaign Financing \$5.00 May Bo
23		28	<del></del>	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year latangible
24	25   9. Name and Address of Current	29 3 Registered Agent	0[	Personal Property Tax due June 30. Yes  10. Name and Address of New Registered Agent
740			81 Name	MADII MADOUL
ZAPAL, DOROTA  14615 TURTLE CREEK COURT STE 609  181 Name IN THE GO By Number is Not Accountable (1.1.1)				
LUTZ FL 33549				ridges 4P.O. Blax Number is Not Ago Statistical 19
	. 1 2 00048		83	DE 601
			84 City	7   E   O
		1		Ca va 9 fer FL   5 3874
11. Pursuant to the provisions of Soctions 607,0502 and 607,1508 florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered				
11. Pursuant to the provisions of Socions 607.0502 and 607.1508 forida 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 Supri change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am lamitar with, and accept the obligations of, Socion 607.9505, Florida Statutes.				
SIGNATURE /_ /// INCOME.				
12,	gnature, typical or printed name of registered agout OFFICERS (ND)	F	Registored Agent signature ro	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	OTTIOETTS (IND	DELETE	1.1 THLE	Change Addition
NAME	MULIA A-VICT	IIŇA -	1.2 NAME	
STREET ADDRESS	R4615 TURTILE (	REEK CT #609	1.3 STREET ADDRESS	[8
CITY-ST-ZIP	LUZ TO 3	5549	1.4 C(1) Y - \$1 - 7(P	
THILE		☐ DEL€TE	2.1 TITLE	Change Addition C
NAME			2.2 NAME	ľ
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP		Dr. 676	2.4 City-St-ZiP	
TITLE		☐ OELETE	3.1 TITLE	L. Change L. Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CHY-ST-ZIP THLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	Charge Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	$\sqrt{ \mathcal{Y} /2}$
CITY-ST-ZIP			4.4 CITY - ST - 2IP	
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 TITLE	50002617355benge Addition -08/17/9801076007
NAME			6.2 NAME	***150.00
STREET ADDRESS			63 STREET ADDRESS	110400400
CITY-S1-ZIP	rifu that the information consulted will	this filing dood and amility for	6.4 City-St-ZiP	Lin Section 119 07/3Vi). Florida Statules Liturther certify that the information

does not a pailify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an object of the secure this report as required by Chapter 607, Florida Statutes; and that my name appears in I nereby certify that the information supplied with this ning cliniciated on this annual report or suppliemental annual reporting officer or director of the corporation or the receiver or trust Block 12 or Block 13 if changed, or on an attachment with a

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