

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000007667

1. Corporation Name

VARIETY ENTERTAINMENT, INC.

VAUILII	ENSEMANMENT, INC.									
Principal Place	of Business	Mailing Address				ٔ '	· • • • • • • • • • • • • • • • • • • •		påm man ome	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
108 N 46 AVENUE HOLLYWOOD FL HOLLYWOOD FL							DO NOT WR	RITE IN THIS	S SPACE	
							ncorporated or Qualifed	1		
							1/1997			
2. Principal P	lace of Business	2a. Mailing Address	Mailing Address			4. FEI N				plied For
21		26				APPI	<u>led for </u>			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifo	ate of Status Desired		\$8.75 A Fee Re	
22 City & State	•	City & State				6 Flection	on Campaign Financing		\$5.00	May Re
23	c	28				1	Fund Contribution		Added to	
Zip	Country	Zip	Cou	ıntry		8. This c	orporation owes the cu	rrent year In	itangible .	
24	25	29	30			Person	nal Property Tax.	•	Yes	MA
,	9. Name and Address of Currer	nt Registered Agent	1			10. Name	and Address of New	Registered	Agent	
_				81	Name					
DUCKER, DAVID				82	Street Addr	ess (P.O. Bo	x Number is Not Accep	table)		
2439 TAYLOR AVENUE				-	Oli Out / Ida			,		
HOL	LYWOOD FL 33020			83	-					
	•			84	City			FI	85 Zip C	Code
	to the provisions of Sections 607.050	00 1 007 4500 Fly ide Olekul	4b a			aration outhor	its this statement for th			registered
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	utnorize	a ov	the corporation	on's board of	directors. I hereby acc	ept the appo	intment as re	gistered
_		•								- "d
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable (NOTE			t signature require			DATE		
12.		ND DIRECTORS	13.			ADDITI	ONS/CHANGES TO O	FFICERS A		
TITLE	D	· DELETE	1,1 TI	πLE					Change	☐ Addition
NAME	DUCKER, DAVID			AME						
STREET ADDRESS	2439 TAYLOR STREET		1.3 S	TREET	ADDRESS					
CITY-ST-ZiP	HOLLYWOOD FL 33020		_	1.4 CITY-ST-ZIP						
TITLE	DELETE			2.1 TITLE					Change	Addition A
NAME			2.2 N	AME						İ
STREET ADDRESS	المناسب والمنصور والماري والمناسب	44	2.3 \$	TREET	ADDRESS			-		
CITY-ST-ZIP				CITY-S	T-ZIP			•		
TITLE		☐ DELETE	3.1 TITLE						Change	Addition
NAME			3.2 N	IAME						
STREET ADDRESS			3.3 STRE		ADDRESS					
CITY-ST-ZIP				CITY-S	T-ZIP				Charte	Addition
TITLE		☐ DELETE	4.1 T						☐ Change	L_J Addition
NAME	• • •			VAME						}
STREET ADDRESS			4.3 S	TREÉT	ADDRESS					
CITY-ST-7IP			4.4 C	ITY-S	T-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 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 one an attachment with an address, with all other like empowered.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

DELETE

☐ DELETE

Change

Change

Addition

☐ Addition

May 01, 1999 8:00 am Secretary of State

05-01-1999 90044 042 ***150.00