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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000011462**1. Corporation Name

HOOKED ON COMICS, INC.	
Principal Place of Business	Mailing Address

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90094 018 ***150.00



	Mailing Address			į			
ake drive	1631 SPRING LAKE DRIVE		_				
1 3610 33759	CLEARWATER FL 34619-	るろフ	59	50 407 400	TE IN THIS	CD4CC :	
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lace of Business	2a Mailing Address					TA	oplied For
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#, etc.	Suite, Apt. #, etc.					\$8.75	Additional
·	27			5. Certificate of Status Desired	Ш	Fee R	equired
e	City & State			6. Election Campaign Financing		\$5.00	May Be
PA, FL.	28			Trust Fund Contribution			to Fees
Country	Zip		ntry	1 /	rent year inta		_
14 25 U.S.A.	29	30		Personal Property Tax.		/	□No
9. Name and Address of Current	Registered Agent		41	10. Name and Address of New	Registered /	kgent	-
UC LI MICHAEI			81 Name				
	١		82 Street	Address (P.O. Box Number is Not Accept	able)		
	`				<u>-</u>		
ANNA JEN 1 E 34023			83				
			84 City		FI	85 Zip	Code
to the provisions of Sections 607 0502	and 607 1508 Florida Statu	tes the a	nove-named	cornoration submits this statement for the	purpose of	changing its	s registered
egistered agent, or both, in the State of	Florida, Such change was	autnonzed	by the corp	oration's board of directors. I hereby acce	pt the appoir	ntment as re	egistered
	d side of a second of	E: Boostored	Agent signature	required when rejectation)	DATE		<u></u>
			Agent aignorate			D DIRECTO	OPS I' 12
PST				ABBITIONS STREET		Change	Addition
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	☐ DECE IE	1.1 TF				□ Criange	Addison
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Such change was m familiar with, and accept the obligations of, Section 607.0505, Florida Statue egistered agent, or both, in the State of Florida. Such change was m familiar with, and accept the obligations of, Section 607.0505, Florida Statue egistered agent agent and title if applicable. OFFICERS AND DIRECTORS	CLEARWATER FL 34619 33.7 Lace of Business B. W. WATERS AV. 26 #, etc. Country Country P. A. 29 Suite, Apt. #, etc. 27 City & State Country P. A. 29 P. Name and Address of Current Registered Agent NS, H. MICHAEL N.E. COACHMAN ROAD, SUITE A ARWATER FL 34625 To the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the all egistered agent, or both, in the State of Florida, Such change was authorized m familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the all egistered agent, or both, in the State of Florida, Such change was authorized m familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13.	CLEARWATER FL 34649 33759 Clearwater FL 34649 33759 Clearwater FL 34649 33759 Cace of Business Cac. Mailing Address Suite, Apt. #, etc. City & State City & State Country Sip Country Signature Agent Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13.	DO NOT WR 3. Date Incorporated or Qualifed 01/31/1997 ace of Business 3. W. WATERS AV. 26 #. etc. Suite, Apt. #, etc. 27 Country Country 25 9. Name and Address of Current Registered Agent 29 9. Name and Address of Current Registered Agent 30 10. Name and Address of New New Atrian Property Tax. 29 10. Name and Address of New New Atrian Property Tax. 30 8. This corporation owes the current Registered Agent 30 10. Name and Address of New New Atrian Property Tax. 30 8. This Corporation owes the current Registered Agent 30 10. Name and Address of New New Atrian Property Tax. 30 8. This Corporation owes the current Registered Agent 30 8. This corporation owes the current Registered Agent 30 8. This corporation owes the current Registered Agent 30 8. This corporation owes the current Registered Agent 30 8. This corporation owes the current Registered Agent 30 8. This corporation owes the current Registered Agent 30 8. This corporation owes the current Registered Agent 30 8. This corporation owes the current Registered Agent 30 8. This corporation owes the current Registered Agent 30 8. 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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 chapted, or on an atachment with an address, with all other like empowered.

932-8919