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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000017109 (4)

PEE COK ENTERTAINMENT, INC.

FILED May 13 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 1879 NW 60 AVE. 1879 NW 60 AVE. SURISE FL 33313 SURISE FL 33313 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/24/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 <u>65- 6730579</u> Sulte, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional W 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country $Z_{(i)}$ 8. This corporation owes or has paid the current year Intangible ☐ No 24 25 29 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CAMPBELL, LINDON Am PBELL 1879 NW 60 AVE. 82 SURISE FL 33313 NW 83 City Zip Code 333/3 84 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. bsell SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. President DELETE Change Addition TITLE 1.1 TITLE Varonica CAMPBELL, LINDON 1.2 NAME MAME 1879 NW 60 th Ave 1879 NW 60 AVE STREET ADDRESS 1.3 STREET ADDRESS **SURISE FL 33313** 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP Change DELETE Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City - ST - ZiP CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - S1 - ZIP CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE 200002525082 6.2 NAME NAME -05/15/98--01031--032 6.3 STREET ADDRESS STREET ADORESS ***150.00

14. 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 attachment with an address.

E034 (10/97