

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000021045**

## **FILED** Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90133 030 \*\*\*150.00

FASCINATION, INC.										
		•								11 11111 1111 1131
				-ilina Addana						
Principal Place of Business . Mailing Address										
2761 NORTH 29TH AVENUE 2761 NORTH 29TH AVENUE HOLLYWOOD FL 33020 HOLLYWOOD FL 33020								DO NOT WRITE IN THI	S SPACE	
								3. Date Incorporated or Qualifed		
		•				_		03/06/1997		
2. Principal Pl	2. Principal Place of Business			2a. Mailing Address				4. FEI Number	<u> </u>	Applied For
21			26					65-0734180	<del></del>	Not Applicable
Suite, Apt. #, etc.			27					5. Certificate of Status Desired	Fee F	Additional Required
City & State			$\vdash$	City & State				6. Election Campaign Financing		May Be
Zip Country			28	Zip Country			·	Trust Fund Contribution Added to Fees  8. This corporation owes the current year Intangible		
24	[2	5	29	-	30	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Personal Property Tax.	Yes	□No
27		and Address of Curren						10. Name and Address of New Registere	d Agent	
		DI				81	Name			1
	DBERG, MA					82	Street Addr	ress (P.O. Box Number is Not Acceptable)	·····	
	00 striling	HUAD								
SUITE 1 COOPER CITY FL 33024						83				
•						84	City	F	L [ ]	Code
office or re	anietarad ana	nt or hoth in the State	of Floria	da. Such change was al	יחטתנוו	zed hv i	me comorano	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing it	ts registered registered
agent. I a	m familiar with	, and accept the obliga	tions of	, Section 607.0505, Flo	rida S	tatutes.		, , , , , , , , , , , , , , , , , , , ,		
SIGNATURE		r printed name of registered ager		Wanaliashla INOTE	Daniele	ered Agen	d simostum raceira	d when reinstating) DATE		
12.	Signature, typed o	OFFICERS AN			-	3.	n anglitatan a radjan a	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	Р			☐ DELETE	_	1 TITLE	-		Change	
NAME	GOLDBER	G ROBERT			1.	2 NAME				;
STREET ADORESS	2761 N 29	TH AVE			10	3 STREET	ADDRESS			
CITY-ST-ZIP	HOLLYWO									1
TITLE		OD FL 33020			1/	4 CITY-ST	T-ZIP			
	VP			☐ DELETE		4 CITY- ST 1 TITLE	T-ZIP		☐ Change	Addition
NAME	GOLDBER	G LAWRENCE		☐ DELETE	2.		T-ZIP		☐ Change	Addition
NAME STREET ADDRESS	GOLDBER 2761 N 29	G LAWRENCE TH AVE		☐ DELETE	2.	1 TITLE 2 NAME	T-ZIP		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	GOLDBER 2761 N 29	G LAWRENCE			2: 2: 2: 2:	1 TITLE 2 NAME 3 STREET 4 CITY-S	ADORESS			
STREET ADDRESS CITY-ST-ZIP TITLE	GOLDBER 2761 N 29	G LAWRENCE TH AVE		☐ DELETE	2: 2: 2: 2: 3.	1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE	ADORESS		☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	GOLDBER 2761 N 29	G LAWRENCE TH AVE			2: 2: 2: 2: 3. 3.	1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME	ADORESS T-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	GOLDBER 2761 N 29	G LAWRENCE TH AVE			2. 2. 2. 3. 3. 3.	1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET	T ADORESS T-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	GOLDBER 2761 N 29	G LAWRENCE TH AVE		☐ DELETE	2. 2. 2. 3. 3. 3. 3.	1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET	T ADORESS T-ZIP		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	GOLDBER 2761 N 29	G LAWRENCE TH AVE			2. 2. 2. 3. 3. 3. 3. 4.	1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE	T ADORESS T-ZIP			Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	GOLDBER 2761 N 29	G LAWRENCE TH AVE		☐ DELETE	2. 2. 2. 3. 3. 3. 3. 4.	1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4. CITY-S 1 TITLE 2 NAME	T ADDRESS T-ZIP  T ADDRESS T-ZIP		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	GOLDBER 2761 N 29	G LAWRENCE TH AVE		☐ DELETE	2: 2: 2: 3. 3: 3: 3: 4: 4. 4.	1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET	T ADORESS T-ZIP T ADORESS T-ZIP		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	GOLDBER 2761 N 29	G LAWRENCE TH AVE		☐ DELETE	2. 2. 2. 3. 3. 3. 3. 4. 4. 4. 4. 4. 4. 4.	1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4. CITY-S 1 TITLE 2 NAME	T ADORESS T-ZIP T ADORESS T-ZIP		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	GOLDBER 2761 N 29	G LAWRENCE TH AVE		☐ DELETE	2. 2. 2. 3. 3. 3. 3. 4. 4. 4. 4. 4. 5.	1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4. CITY-S 1 TITLE 2 NAME 2 NAME 3 STREET 4 CITY-SI	T ADORESS T-ZIP T ADORESS T-ZIP		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	GOLDBER 2761 N 29 HOLLYWO	G LAWRENCE TH AVE		☐ DELETE	2. 2. 2. 2. 3. 3. 3. 3. 4. 4. 4. 4. 4. 5. 5. 5. 5.	1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET	T ADORESS T-ZIP T ADORESS T-ZIP		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME	GOLDBER 2761 N 29 HOLLYWO	G LAWRENCE TH AVE		☐ DELETE	2. 2. 2. 2. 3. 3. 3. 3. 4. 4. 4. 4. 5. 5. 5. 5. 5.	1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET	T ADDRESS T-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	GOLDBER 2761 N 29 HOLLYWO	G LAWRENCE TH AVE		☐ DELETE	2. 2. 2. 2. 3. 3. 3. 3. 4. 4. 4. 4. 4. 5. 5. 5. 5. 5. 5. 5. 5. 5.	1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 3 STREET	T ADDRESS T-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP		☐ Change	Addition  Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	GOLDBER 2761 N 29 HOLLYWO	G LAWRENCE TH AVE		☐ DELETE ☐ DELETE	2. 2. 2. 3. 3. 3. 3. 4. 4. 4. 4. 5. 5. 5. 5. 5. 6. 6.	1 TITLE 2 NAME 3 STREET 4 CITY-S 3 STREET 4 CITY-S 4 CITY-S 4 CITY-S 5 STREET 4 CITY-S 5 STREET 4 CITY-S 5 STREET 5 CITY-S	T ADDRESS T-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP		Change	Addition  Addition

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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 on an attachment with an address, with all offer like empowered.