SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
ECRETARY OF STATE
SION OF CORPORATI
09-20-1999 90004 037 ***550.00
99 OCT 18 AM 8:09

DOCUMENT # **P97000026082**

1. Corporation Name
FIERCE RELEASE PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
3200 WEST OAKLAND PARK BOULEVARD LAUDERDALE LAKES FL 33311 US	3200 WEST OAKLAND PARK BOULEVARD LAUDERDALE LAKES FL 33311 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/24/1997

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SOUTH FLORIDA REGISTERED AGENTS, INC.
C/O ATLAS, PEARLMAN, TROP & BORKSON, P.A.
200 EAST LAS OLAS BOULEVARD #1900
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GAGNON, STEVEN F		1.2 NAME	
STREET ADDRESS	3200 WEST OAKLAND PARK BOULEVARD		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LISTENICK, BARBARA		2.2 NAME	
STREET ADDRESS	3200 WEST OAKLAND BOULEVARD		2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DUMAS, ROBURT A		3.2 NAME	
STREET ADDRESS	3200 WEST OAKLAND BOULEVARD		3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
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	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

$9 10/18

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 an attachment with an address.

SIGNATURE: _____ 9/11/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)

Form **SS-4**
(Rev. December 1998)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003
Expires 12-31-98

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
Fierce Release Productions, Inc.

2 Trade name of business, if different from name in line 1
Fierce Release Productions, Inc.

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
3200 W. Oakland Park Blvd.

5a Business address, if different from address in lines 4a and 4b

4b City, state, and ZIP code
Lauderdale Lakes

5b City, state, and ZIP code
33311

6 County and state where principal business is located
Florida

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ 059-52-3294
Steven GaGon

8a Type of entity (Check only one box.) (See instructions.)

- ☐ Sole Proprietor (SSN)
- ☐ REMIC
- ☐ State/local government
- ☐ National guard
- ☐ Personal service corp.
- ☐ Other nonprofit organization (specify)
- ☒ Other (specify) ▶ C. Corp.
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator-SSN
- ☐ Other corporation (specify)
- ☐ Federal government/military
- ☐ Church or church controlled organization
- ☐ Trust
- ☐ Partnership
- ☐ Farmers' cooperative

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ State: Florida; Foreign country:

9 Reason for applying (Check only one box.)

- ☐ Started new business (specify) ▶
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶
- ☒ Banking purpose (specify) ▶
- ☐ Changed type of organization (specify) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶
- ☐ Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)
9/1/98

11 Enter closing month of accounting year. (See instructions.)
12/30/99

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien.* (Mo., day, year) ▶

13 Enter highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter "0."* ▶

Nonagricultural	Agricultural	Household

14 Principal activity (See instructions.) ▶

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box. ☐ Business (wholesale) ☐ N/A
☐ Public (retail) ☐ Other (specify) ▶

17a Has the applicant ever applied for an identification number for this or any other business? ☒ Yes ☐ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.
Legal name ▶ Entertainment Holdings Trade name ▶ Fierce Release Production, Inc.

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Business telephone number (include area code)
954-739-6077

Name and title (Please type or print clearly.) ▶ Steven GaGon

Signature ▶ Steven GaGon Date ▶ 10/12/99

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying