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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000037622

Country

9. Name and Address of Current Registered Agent

25

2100 EAST ATLANTIC BOULEVARD POMPANO BEACH FL 33062

FAMOUS PLAYERS, INC.

.

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

2100 EAST ATLANTIC BOULEVARD POMPANO BEACH FL 33062

2. Principal Place of Business

NAGIB, SAAD

Suite, Apt. #, etc.

City & State

22

23

24

Zio

Principal Place of Business

2100 EAST ATLANTIC BOULEVARD POMPANO BEACH FL 33062

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90042 037 ***150.00



	DO NOT WRITE IN T	HIS SPACE
3,	Date Incorporated or Qualifed	
	04/19/1997	
ĺ.	FEI Number	Applied For
	65-0745990	Not Applicable
5.	Certificate of Status Desired	\$8.75 Additional Fee Required

\$5.00 May Be

Added to Fees

	8. This corporation owes the current	year Intangible		
	Personal Property Tax.	Yes	□No	
	10. Name and Address of New Regi	stered Agent		
Addre	ess (P.O. Box Number is Not Acceptable)	<u> </u>		
		85 Zii	Code	

6. Election Campaign Financing

Trust Fund Contribution

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.

Country

81 Name

82 Street

84

City

30

SIGNATURE									
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 A						
TITLE	D DELETE	1.1 TITLE		Change	Addition				
NAME	NAGIB, SAAD	1.2 NAME							
STREET ADDRESS	2100 EAST ATLANTIC BOULEVARD	1.3 STREET ADDRESS							
CITY-ST-ZIP	POMPANO BEACH FL 33062	1.4 CITY-ST-ZIP							
TITLE	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition				
NAME		2.2 NAME							
STREET ADDRESS		2.3 STREET ADDRESS							
CITY-ST-ZIP		2.4 CITY-ST-ZIP	NR. 18901						
TITLE · -	DELETE	3.1 TITLE		Change	Addition				
NAME		3.2 NAME							
STREET ADDRESS		3.3 STREET ADDRESS							
CITY-ST-ZIP		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-7ID		6.4 CITY-ST-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 occurate and that my signafure 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 frustee empowered to execute this report as equired 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 other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

32E034 (11/98)