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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000038730 (2)

CRANE-POWLEY ENTERTAINMENT COMPANY

FILED May 13 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						1 (00)	VI I 18 8 (K 311 (1	1314 Adia) 9011 Billi Adi	00 410 U 46 UU	ON HALL	FO IX 100 1		
2235 HAVEN RIDGE DRIVE NW			2235 HAVEN RIDGE DRIVE NW										
- ATLANTA GA	30305	ATLANTA GA 30305	ATLANTA GA 30305			DO NOT WRITE IN THIS SPACE							
						3. Date In		for Qualified				7	
						04/30)/1997						
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Appl					lied For	_	
21		26	26			EIN	<u> 58 -</u>	231097	3	Not	Applicable]	
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.			5. Certific	ate of Statu	us Desired	\$8.75 Additional Fee Required				
City & State		City & State	}— `			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees							
Zip				Country 8. This corpora			rporation o	wes or has paid th	e current yea	ar Intar	gible	1	
24 25 29			30			Personal Property Tax due June 30. 🔲 Yes 🔽 No							
	9. Name and Address of Cu	rrent Registered Agent				10. Name	and Addre	ss of New Registe	ered Agent			7	
	ierry, richard g			81 Name									
1885 PALM BEACH LAKES BLVD. SUITE 600 WEST PALM BEACH FL				82 Street	Addres	s (P.O. Box	Number is	Not Acceptable)				1	
				83				1				4	
				84 City					FL 85	Zip Co	ode	1	
11 Pureuant	to the provisions of Sections 607	0502 and 607 1508 Florida 5	datules the el	ove-namer	Corno	ration submi	te this state		···	na its	registered	+	
office or r	registered agent, or both, in the S im familiar with, and accept the of	tate of Florida, Such change	was authorize	d by the cor	poratio	n's board of	directors.	hereby accept the	appointmer	nt as re	egistered		
•	im t a miliar wiin, and accept the of	nligarous or, Section 607.050	o, riorida Stat	utes.									
SIGNATURE	Signature, typed or ponied name of registere	d agent and title if applicable	(NOTE: Registere	d Agent signatur	e required	when reinstating)	D.	ATE			ے	
12.	OFFICERS	AND DIRECTORS	13.			ADDITIO	NS/CHAN	GES TO OFFICERS	AND DIREC		_	10/0/	
TITLE		DELETI	1 1 Tr	1LF	C.		_		☐ Cha	nge	Addition	15	
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CITY-ST-ZIP				TY - S1 - ZIP	2235 Haven Ringe Dr Atlanta GA 30305				Observe D Address (C				
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TITLE		DELETI							☐ Cha	nge	Addition	1	
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CITY-ST-2IP			6.4 CI	1Y - S1 - ZIP									
44 (1			126 . 4 11		1	E 110 O	THAT CLAS	talla Disability and Life atta			· Committee	٦	

1. 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 eath; 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 by on an attachment with an address.

CICKLATURE.

Chain

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Unit 2/3 1/3/