

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

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90219 006 \*\*\*150.00

DOCUMENT # P97000041618

1. Corporation Name

MATRIX ENTERTAINMENT GROUP, INC.

Principal Place of Business

12111 WALDEN WOODS CT  
ORLANDO FL 32826

Mailing Address

12111 WALDEN WOODS CT  
ORLANDO FL 32826

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1997

4. FEI Number

59-3449618

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

PAULO SCHULTZ

82 Street Address (P.O. Box Number is Not Acceptable)

12111 WALDEN WOODS DR.

83

84 City

ORLANDO

FL

85 Zip Code

32826

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-99

12.

OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SCHULTZ, PAUL  
STREET ADDRESS 12111 WALDEN WOODS CT  
CITY-ST-ZIP ORLANDO FL 32826

TITLE VD ☐ DELETE

NAME BEAUMONT, KENNY  
STREET ADDRESS 3062 WHITE ASH TR  
CITY-ST-ZIP ORLANDO FL 32826

TITLE VD ☐ DELETE

NAME DAVENPORT, JONATHAN  
STREET ADDRESS 3419 SADDLE BLVD #173  
CITY-ST-ZIP ORLANDO FL 32826

TITLE STD ☐ DELETE

NAME JOO, MEILING  
STREET ADDRESS 12111 WALDEN WOODS CT  
CITY-ST-ZIP ORLANDO FL 32826

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE VD BEAUMONT, KENNY ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1901 SILVER LEAF LA  
AP. 102 ORLANDO FL 32822

3.1 TITLE VD DAVENPORT JONATHAN ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

1901 SILVER LEAF LA  
AP. 102 ORLANDO FL 32822

4.1 TITLE STD ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL SCHULTZ

Date

4-28-99

Daytime Phone #

(407) 3803706

CR2E034 (1/98)

0106962