

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000045335 (1)  
1. Corporation Name

FIRST CLASS ENTERTAINMENT, INC.



Principal Place of Business  
11802 CLASSIC LAKE WAY  
TAMPA FL 33635

Mailing Address  
11802 CLASSIC LAKE WAY  
TAMPA FL 33635

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		05/19/1997	
22 APT # 2		27 APT # 2		4. FEI Number	
23 2205 Irvine St		28 Lutz FL		N/A	
24 Lutz		29 33549		5. Certificate of Status Desired	
25 33549		30 U.S.A		<input type="checkbox"/> \$8.75 Additional Fee Required	
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
BAYSE, WILLIAM A 11802 CLASSIC LAKE WAY TAMPA FL 33635		81 Name Jaimin Neeb			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		2205 Irvine St APT # 2			
		83 Lutz			
		84 City			
		FL 85 Zip Code 33549			
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.					

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAYSE, WILLIAM A  
11802 CLASSIC LAKE WAY  
TAMPA FL 33635

81 Name Jaimin Neeb  
82 Street Address (P.O. Box Number is Not Acceptable)  
2205 Irvine St APT # 2  
83 Lutz  
84 City

FL 85 Zip Code 33549

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SIGNATURE



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

(NOTE: Registered Agent signature required when reinstating)

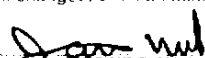
4-28-98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Director
NAME	BAYSE, WILLIAM A	1.2 NAME	Jaimin Neeb
STREET ADDRESS	11802 CLASSIC LAKE WAY	1.3 STREET ADDRESS	2205 Irvine St APT # 2
CITY-ST-ZIP	TAMPA FL 33635	1.4 CITY-ST-ZIP	Lutz FL 33549
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:



4-28-98 615-0379

CR2E034 (10/97)