

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

**FILED**

**Jul 06 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra E. Morton</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000045429 (2)**  
1. Corporation Name  
**A SOLID GOLD ENTERTAINMENT INC.**



Principal Place of Business <b>9 HARBOR OAKS CIRCLE SAFETY HARBOR FL 34695</b>	Mailing Address <b>9 HARBOR OAKS CIRCLE SAFETY HARBOR FL 34695</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>25</b> Country	<b>30</b> Country

**3.** Date Incorporated or Qualified  
**05/19/1997**

**4.** FEI Number  
**59-3453010**

**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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No **NA**

**9. Name and Address of Current Registered Agent**

**AMSTONE, CHARLES  
9 HARBOR OAKS CIRCLE  
SAFETY HARBOR FL 34695**

**10. Name and Address of New Registered Agent**

**81** Name

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

**83**

**84** City

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>President</b>	<input type="checkbox"/> DELETE
NAME	<b>Charles Amstone</b>	
STREET ADDRESS	<b>9 Harbor Oaks Circle</b>	
CITY-ST-ZIP	<b>Safety Harbor, FL 34695</b>	
TITLE	<b>Vice President - Treasurer</b>	<input type="checkbox"/> DELETE
NAME	<b>Carolyn Amstone</b>	
STREET ADDRESS	<b>9 Harbor Oaks Circle</b>	
CITY-ST-ZIP	<b>Safety Harbor, FL 34695</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Charles Amstone</b>	
1.3 STREET ADDRESS	<b>9 Harbor Oaks Cir</b>	
1.4 CITY-ST-ZIP	<b>Safety Harbor, FL 34695</b>	
2.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Carolyn Amstone</b>	
2.3 STREET ADDRESS	<b>9 Harbor Oaks Cir</b>	
2.4 CITY-ST-ZIP	<b>Safety Harbor, FL 34695</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

**200002581622**  
**-07/07/98--01063--033**  
**\*\*\*150.00**

**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 in an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)

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