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

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000066244

1. Corporation Name
RT ENTERTAINMENT, INC.

Principal Place of Business

Mailing Address

~~112 EAST STREET, STE. B~~
~~C/O MARK R. DOLAN~~
~~TAMPA FL 33602~~

~~112 EAST STREET, STE. B~~
~~C/O MARK R. DOLAN~~
~~TAMPA FL 33602~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **4202 W. CAYUGA ST**

Suite, Apt. #, etc.

22

City & State

23 **Tampa, FL**

Zip

24 **33614**

Country

25 **United States**

2a. Mailing Address

26 **5718 E. Adamo Dr.**

Suite, Apt. #, etc.

27

City & State

28 **Tampa, FL**

Zip

29 **33614**

Country

30 **United States**

3. Date Incorporated or Qualified

07/30/1997

4. FEI Number

59-3467476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes

☐ No

g. Name and Address of Current Registered Agent

~~DOLAN, MARK R~~
~~112 EAST STREET, STE. B~~
~~TAMPA FL 33602~~

10. Name and Address of New Registered Agent

81 Name **DAVID SCOTT BOARDMAN**

82 Street Address (P.O. Box Number is Not Acceptable)
1710 EAST SEVENTH AVE

83

84 City **Tampa**

FL

85 Zip Code
33605

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

4/29/99

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **TILLANDER, MORAO**

STREET ADDRESS **112 EAST STREET, STE. B**

CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

JACK GALARDI
5718 E. ADAMO DR.
TAMPA, FL 33619

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ 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:

Jack Galardi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/99

Date

(813) 630-9461

Daytime Phone #

CR2E034 (11/98)