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

**PROFIT** CORPORATION **ANNUAL REPORT** 1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000066465 (0)

OSIRIS ENTERTAINMENT INC

## **FILED** Apr 30 1998 8:00am Secretary of State

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Principal Place of I	Business	Mailing Address	<u></u>	1007109%	IIAR DIADA DIDAD BINDI DIIA IDRI
370 WEST CAMINO GARDENS BLVD. 370 WEST CAMINO GARDI		IRDENS RIVD			
BOCA RATON FL 33431 BOCA RATON FL 33431					
				DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	S SPACE
İ				· · · · · · · · · · · · · · · · · · ·	
2. Principal Place	of Business	2a. Mailing Address		07/31/1997 4. FEI Number	Applied For
21		26		65-0783383	Not Applicable
Suite, Apt. #, et	C.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State Crity & State			6. Certificate of Status Desired	Fee Required	
<b>├</b> ┐ '		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation owes or has paid the corporation of the personal Property Tax due June 30.	urrent year intangible
	Name and Address of Current			10. Name and Address of New Registered	
FILINGS, INC.				iel L. Dailey	
3732 N.W. 16TH STREET 82			62 Street Addre	ess (P.O. Box Number is Not Acceptable)	
FT. LAUDERDALE FL 33311-4132			370	W. Camino Gardens Blvd.	
			83		
			84 City		85 Zip Code
11 Pureuant to the	provisions of Costions 607 0502	and 607 1509 Florida Stat	Boc	a Raton FI	L     33431
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 forda. 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 appointment of the purpose of changing its registered agent. I am familiar with and accept the appointment of the purpose of changing its registered agent. I am familiar with and accept the appointment of the purpose of changing its registered agent. I am familiar with and accept the appointment of the purpose of changing its registered agent. I am familiar with an accept the appointment of the purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar wit					
SIGNATURE Signature, typed or printed name of Repistered aggregate little if applicable (NOTE Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE D		DELETE	1.1 TITLE P,		X Change
	AILEY, DANIEL L		1.2 NAME		İ
	508 S.E. 6TH STREET		1.3 STREET ADDRESS		
	EERFIELD BEACH FL 33441		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME CTROST ADDRESS			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		_ ottel	3.1 HILE 3.2 NAME		☐ Change ☐ Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-2NP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
HAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change 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.