

5-19-98 B- 71625 -c
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Myrth Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000066868 (5)**

1. Corporation Name
LIVINGSTONE ENTERTAINMENT, INC.



Principal Place of Business C/O NATHANIEL BENSON 9800 SW 13 COURT PEMBROKE PINES FL 33025	Mailing Address C/O NATHANIEL BENSON 9800 SW 13 COURT PEMBROKE PINES FL 33025
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/31/1997	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0772245		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JOHNSON, STANLEY E JR 1444 BISCAYNE BLVD STE 220 MIAMI FL 33132				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	DIRECTOR & PRESIDENT.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENSON, NATHANIEL			1.2 NAME	BENSON, NATHANIEL		
STREET ADDRESS	9800 SW 13 COURT			1.3 STREET ADDRESS	9800 SW 13 COURT		
CITY-ST-ZIP	PEMBROKE PINES FL 33025			1.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33025		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				2.2 NAME	Claudia Cano		
STREET ADDRESS				2.3 STREET ADDRESS	5510 W 26th St		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	Miami, FL 33016		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				3.2 NAME	Brenda Fuentes		
STREET ADDRESS				3.3 STREET ADDRESS	2716 Benjamin E MAYES Dr		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Atlanta, GA 30311		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	Romeo Ballantine		
STREET ADDRESS				4.3 STREET ADDRESS	2411 W. Bahama Dr.		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Miramar, FL 33023		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	Director	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME	LUDNER JAMES BEAUVOIR		
STREET ADDRESS				5.3 STREET ADDRESS	13500 N.E. 3rd Ave		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	MIAMI, FL 33161		
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 in an attachment with an address.

CR2E034 (10/97)