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PROFIT ** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000070142

1. Corporation Name

ICEBURG ENTERTAINMENT INC.

Principal Place	of Business	Mailing Address				* ****				
4455 3RD AVE S 4455 3RD AVE S										
ST PETERSBURG FL 33711 ST PETERSBURG FL 33711		ST PETERSBURG FL 33711					DO NOT W	RITE IN THIS	SPACE	
					-	• •	orporated or Qualife			
						08/13/1				
2. Principal P	lace of Business	2a, Mailing Address			4	4. FEI Numi			_ 	plied For
21		26				65-078	9703			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired				Additional equired
22		City & State					C		\$5.00	
City & State		28			'		Campaign Financing nd Contribution	9 🗆	Added t	
Zip Country		Zip Country					oration owes the cu	urrent vear Inta		
24	25	29 30	ה ^י				Property Tax.	, , , , , , , , , , , , , , , , , , , ,	ŬYes	Ø No _
	9. Name and Address of Current	- Links 			1	0. Name ar	nd Address of New	v Registered A	Agent	
			81	Name						
HILL, JASPER L JR			82	Street	Address	(P.O. Box N	lumber is Not Acce	ptable)		
	S 3RD AVE S					<u> </u>				
S1 P	ETERSBURG FL 33711		83							
			84	City				FL	85 Zip (Code
44 Durauant	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the above	-named	Lcorporati	ion submits	this statement for the	ne purpose of	 changing its	registered
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was autho	orized by	the corpo	oration's	board of dire	ectors. I hereby acc	cept the appoir	ntment as re	gistered
SIGNATURE	Clause bond as printed same of registered sceni	and title if applicable (NOTE: Re	nistered Apen	t signature r	required whe	n reinstating)		DATE		
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re			istered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND D				D DIRECTO	PRS IN 12	
TITLE	СР	☐ DELETE	1.1 TITLE						☐ Change	☐ Addition
NAME	HILL JASPER L JR		1.2 NAME	i						ļ
STREET ADDRESS	4455 3RD AVE SO 1		1.3 STREET ADDRESS		;					
CITY-ST-ZIP	ST PETERSBURG FL 33711		1.4 CITY-ST-ZIP							
TITLE	SV DELETE 2		2.1 //1		SIJ	_	_		Change	Addition
NAME .	WASHINGTON, WILLIE 22					AA WI				
STREET ADDRESS	1356 BOGLIN APT A 2						AVE SO		-	-
CITY-ST-ZIP					ST.	PETER	SBURG, FL	337/2	Channe	- Addition
TITLE			3.1 TITLE				-		Change	☐ Addition
NAME	HILL, EVELYN		3.2 NAME							
STREET ADDRESS	1.00 00 1.00		3.3 STREET		6					
CITY-ST-ZIP			3.4. CITY-S	T-ZIP	VP				Change	Addition
TITLE	••		4.1 IIILE			MARIC) 		K_#	
NAME	LEE, MARIO L	1167		FADDRESS	آمیما		ENSBURO	AVE SOU	T#+	
STREET ADDRESS	OLEADWATED EL 00755						BUKG, FL			
CITY-ST-ZIP TITLE	CLEARWAIEN FE 33733	☐ DELETE	4.4 CITY-S	1-71L	 "'`	7 100 1 m 100			☐ Change	Addition
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET	FADDRESS	3					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP						
TITLE		☐ DELETE	6.1 TITLE						Change	☐ Addition
	1	,								ł

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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

STREET ADDRESS

813-765-8421