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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000077074

1. Corporation Name

SNOWBALL COMMUNICATION & MARKETING INC.

Principal Place of Busine
400 LESLIE DR #429
HALLANDALE EL 22000

Mailing Address

Mar 05, 1999 8:00 am **Secretary of State**

03-05-1999 90092 008 ***150.00



Princi	pai Place of Business	IVIC	illing Address								
400 LESLIE DR #429 HALLANDALE FL 33009			400 LESLIE DR #429 HALLANDALE FL 33009					DO NOT WRITE IN TH	S SPAC	ε	
							3.	Date Incorporated or Qualifed 09/05/1997			
2. Pri	incipal Place of Business	2a.	Mailing Address				4.	FEI Number	-	App	lied For
1	·	26						65-0779008		Not	Applicable
Su 22	ite, Apt. #, etc.	27	Suite, Apt. #, etc.				5.	Certificate of Status Desired	•	. 75 Ac	dditional juired
	ty & State	28	City & State				6.	Election Campaign Financing Trust Fund Contribution		5.00 N dded to	•
Zíp	Country	1-51	Zip	Cour	itry		8.	This corporation owes the current year!	ntangible	Ð	
— <i>'</i>	25	29		30			•	Personal Property Tax.	ŬY€		□No
24	9. Name and Address of Curr			, ,, ,,,			10.	Name and Address of New Registere	d Agent	;	
LAMOTHE, FERNAND 721 SE 17TH ST FT LAUDERDALE FL 33316					81	Name					
					82 Street Address (P.O. Box Number is Not Acceptable)						
					83						
				Ì	84	City		, F	L 85	Zip C	ode
	Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stat gent. I am familiar with, and accept the obli	e of Florid	ia. Such change was aut	tnonzea	DΛ	tne corpora	rporation tion's bo	n submits this statement for the purpose oard of directors. I hereby accept the app	of chang ointmen	ing its r t as reg	egistered istered
SIGN	IATURE		:					reinstating) DATE			
	Signature, typed or printed name of registered a		· · · · · · · · · · · · · · · · · · ·		Agen	t signature requ		(On location 8)	ND DIE	ECTO	2C IN 42
12.	OFFICERS /	AND DIRE		13.				ADDITIONS/CHANGES TO OFFICERS		hange	Addition
	חח			1 1 TITI	=	I			1 10	панцв	

TITLE D'ANJOU. RENE 1.2 NAME NAME 400 LESLIE DR #429 1.3 STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 I.4 CITY-ST-ZIP CITY-ST-ZIF Change []] Addition DELETE 2.1 TITLE TITLE PETIT, ISABELLE 2.2 NAME NAME 400 LESLIE DR #429 2.3 STREET ADDRESS STREET ADORESS HALLANDALE FL 33009 2, 4 CITY-ST-ZIP CITY-ST-ZIP - 🔲 Addition ☐ DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 of the corporation of the corporation of 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 3 if changed or of an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)