Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90204 048 \*\*\*150.00

## 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 # P9700080150

1. Corporation Name

ROUGH	WORLD ENTERTAINME	NT, INC.			
Principal Place	e of Business	Mailing Address		1 (00) 100 (100) 110 (10) (10) (10)	1 <b>8 3 1 8 1</b> 1 8 1 1 8 1 8 1 9 1 9 1 1 1 1 1 1 1 1 1
1309 SW 22ND TERR P.O. BOX 1643 FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33302-64 US US			02-643	DO NOT WRITE IN	THIS SPACE
		-		<ol> <li>Date Incorporated or Qualifed 09/15/1997</li> </ol>	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0822741	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	a 100		\$8.75 Additional - Fee Required
City & Stat	e	City & State		& Flortion Compaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current ye	ar Intangible
24	25	29	30	Personal Property Tax.	∐Yes □No
	9. Name and Address of Cu			10. Name and Address of New Regist	ered Agent
RAYMOND, GEORGE I 1309 SW 22ND TERRACE			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
FT LAUDERDALE FL 33312			83		· ·
	•		84 City		FL 85 Zip Code
44 Burewant	to the provisions of Sections 607	7.0502 and 607.1508 Florida State	ites the above named co	orporation submits this statement for the purpo	se of changing its registered
office or r agent. I a	registered agent, or both, in the S m familiar with, and accept the o	State of Florida. Buch change was obligations of, Section 607.0505, F	authorized by the corpora orida Statutes.	ation's board of directors. I hereby accept the	appointment as registered
SIGNATURE	Signature, typed or printed frame of registers		E: Registered Agent signature requ	uired when refustating) DA	TE /
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	VP	☐ DELETE	1.1 TITLE	President,	Change Addition
NAME	SMITH, NAKIA		1.2 NAME	Smith, NAKIA	
STREET ADDRESS	3830 N.W 186 ST		1.3 STREET ADDRESS	3830 N.W. 18657 Mism. F1 33055	
CITY-ST-ZIP	MIAMI FL 33055			M:AM: F1 33065	☐ Change ☐ Addition
πτΕ		☐ DELETE	2.1 TITLE		☐ Cualifie ☐ Yaddigai
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		_ \
CITY-ST-ZIP		☐ DELETE	2.4 CITY+ST-ZIP		Change Addition
TITLE		☐ OCTELE	3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	<del></del>	Change Addition
			4. 2 NAME		
NAME STREET ADDRESS			4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	•	-
STREET ADDRESS			5.3 STREET ADDRESS		}
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETÉ	6.1 TITLE		☐ Change ☐ Addition
TITLE NAME		DELETE	6.1 TITLE 6.2 NAME		☐ Change ☐ Addition

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

SIGNATURE:

CITY-ST-ZIP