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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # **P97000085486**1. Corporation Name VOLCANO ENTERTAINMENT, INC.

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90036 033 ***150.00



Principal Place of Business Mailing Address								#1 (818) BI()(#190)	I INTO MENT THE
1 S. ORANGE A		1 S. ORANGE AVE., STE. 102							
ORLANDO FL 3.		ORLANDO FL 32801					DO NOT WRITE IN THIS SPACE		
							Date Incorporated or Qualifed	13 SFACE	
							10/02/1997		
2 Principal Pl	lace of Business	2a. Ma	2a. Mailing Address				4. FEI Number	- Ai	oplied For
21	lace of Business		26				59-3472721	N.	ot Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.					\$8.75	Additional
22	•	27	27				5. Certifcate of Status Desired	Fee R	equired
- City & State			- City & State				6. Election Gampaign Financing		-May Be ===
23		28					Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Zip Country				8. This corporation owes the current year		No
24	25	29					Personal Property Tax.	☐ Yes	123;NO
	9. Name and Address of Curren	t Registere	d Agent		31	Nome	10. Name and Address of New Registers	a Agent	
HIDI	SOMULTANIA SILEM			["	Name			
LUDMILS, ANTONOS 3088 DOWNS COVE ROAD				1	82 Street Address (P.O. Box Number is Not Acceptable)				
	DERMERE FL 34786								
41 (14)	DENIVIEND FL 34700				33				
				1	14	City	F	85 Zip	Code
	4. II	12 and 607 1	IEON Elorido Statut	es the abo		-named co	omoration submits this statement for the purpose	of changing its	s registered
office or r	edistered agent or both in the State	of Florida. S	Such change was a	utnorizea i	γν	tne corpor	ation's board of directors. I hereby accept the app	ointment as re	egistered
agent. I a	m familiar with, and accept the obliga	itions of, Se	ction 607.0505, Flo	nda Statut	es.				
SIGNATURE	Classics American prints a series of projectored and	nt and title if son	licable (NOTE	Registered A	neni	signature reg	quired when reinstating) DATE		
Signature, typed or printed name of registered agent and title if applic 12. OFFICERS AND DIRECTO							ADDITIONS CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE	D		☐ DELETE	1.1 7171	E	"]	PONGEN	Change	Addition
NAME	ANTONOS, LUDMILS			1.2 NAM	E		Antonos.		1
STREET ADDRESS	ACCO COUNT COURT DD			1.3 STR	EET.	ADDRESS			1
CITY-ST-ZIP	WINDERMERE FL 34786			1.4 CITY	′-\$T	r-ZIP	_		
TITLE	DELETE			2.1 TITLE			☐ Change	☐ Addition	
NAME				2.2 NAW	Œ	-			
STREET ADDRESS				2.3 STR	EET	ADDRESS			
CITY-ST-ZIP	-			·2.4 CfT	Y-S1	T-ZIP	<u> </u>	<u> </u>	
TITLE			☐ DELETE	3.1 TITL	E			☐ Change	Addition
NAME				3.2 NAM	ΙE	1			İ
STREET ADDRESS				3.3 STR	EET	ADDRESS			
CITY-ST-ZIP	•			3.4. CIT	Y-S1	T-ZIP			
TITLE			☐ DELETE	4.1 TITL	E			☐ Change	☐ Addition ∫
NAME				4.2 NA	ΜE				{
STREET ADDRESS				4.3 STR	EET	ADDRESS			}
CITY-ST-ZIP				4.4 CITY	/-ST	r-zip	-		
TITLE		-	☐ DELETE	5.1 TITL				Change	Addition
NAME	1			5.2 NAN					}
STREET ADDRESS				1		ADDRESS			
CITY-ST-ZIP				5.4 CIT		T-ZIP			— • • • • • • • • • • • • • • • • • • •
TITLE	1		☐ DELETE	6.1 TITL				Change	☐ Addition
NAME	1			6.2 NAN		i			
OTHERT ANDRESS	Later and the			6.3 STR	EET	ADDRESS			

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 impowered.

6.4 CITY-ST-ZIP

SIGNATURE: