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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## Jan 21 1998 8:00am Secretary of State

DOCUMENT # P9700086366 (6
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PREME	DITATED ENTERTAINMENT	, INC.										
Principal Place of Business Mailing Address							1[[	<b>   </b>	1816 88151 88111 88111 88181 11			
	Lester & Shear IIscayne Blvd Suite 2100 31	200 SOUT	FIELDSTONE LESTER & SHEAR 200 SOUTH BISCAYNE BLVD SUITE 2100 MIAMI FL 33131				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  10/07/1997					
2. Principal P	lace of Business	2a. Mailing	Address				4. FEI I		<u> </u>	I IA	oplied For	
21		26	26				65	-0795643	3	<del>           </del>	ot Applicable	
Suite, Apt.	·	27	<del></del>				5. Certificate of Status Desired S8.75 Additional Fee Required					
City & State	•	City &	City & State			į		ion Campaigr Fund Contrib			May Be to Fees	
Zip	Country	Zip		Countr	<del>y</del>			· · · · · · · · · · · · · · · · · · ·	wes or has paid the co	**,	12.2 12.2	
24	25	29	30	0			Personal Property Tax due June 30. Yes No					
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  15. Name and Address of New Registered Agent 81 Name											- <u> </u>	
LESTER, PAUL A ESQ						ie					1	
FIELDSTONE LESTER & SHEAR 200 SOUTH BISCAYNE BLVD SUITE 2100					Stree	et Addres	dress (P.O. Box Number is Not Acceptable)					
MIAMI FL 33131							the state of the s					
				84	City				FI	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				4.						a- <b>aberia -i</b>	and the second	
	Signature, typed or printed name of registered age	·	e. (NOTE: R	,	ent signat	ure required	when reinstat		DĄIĘ			
12. TITLE	OFFICERS AND DIRECTORS  DELETE			13.					SES TO OFFICERS AN	Change	AS IN 12	
NAME	GREEN, JOHNNY					, .		ALAAM	GARDEU	CZS Ontango		
STREET ADDRESS	200 SOUTH BISCAYNE BLVD SUITE 2100				1.2 NAME 1.3 STREET ADDRESS		O AVI	BUSIA	une BLUD.	.472	2100	
CITY-ST-ZIP	MIAMI FL 33131				1.4 CITY-ST-ZIP		Ami	GOG	यम् ७८००. अग्रेका	<b>Φ12.</b>	<100	
TITLE	DELETE			2.1 TITLE		<del> </del>		السيار ٢	<u> </u>	Change	Addition	
NAME				2.2 NAME		ļ					_	
STREET ADDRESS	•				3 STREET ADDRESS							
CITY-ST-ZIP				2. 4 CITY						and commentered to		
TITLE			DELETE	3.1 TITLE						Change	Addition	

3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ПСпапде \_\_\_\_ Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 cath; 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.

SIGNATURE:

BLOOM GARDEY

1/13/98

305 982 /565