Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700086945

1. Corporation Name

Principal Place of Business

JUST-IN TIME ENTERTAINMENT, INC.

303 FAWN LAKE DRIVE MILLINGTON TN 38053		303 FAWN LAKE DRIVE MILLINGTON TN 38053			DO NOT WRITE	E IN THIS	SPACE		
						3. Date incorporated or Qualifed 10/07/1997			
2. Principal P	lace of Business	2a. Mailing Address				4. FÉI Number			Applied For
21		26				58-2363269			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	5. Certificate of Status Desired		•	5 Additional
22						5. Certificate of Status Desired		Fee	Required
City & Stat	te	City & State			_	6. Election Campaign Financing		\$5.0	May Be
23		28	28			Trust Fund Contribution	<u>니</u>	Adde	ed to Fees
Zip	Country	Zip	Zip Cou			This corporation owes the current year Intangible			
24	25	29	30			Personal Property Tax.		_ Yes	_No_
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	gistered A	\gent	
	_		į	81	Name				
	GLE, WILLIAM B III NORTH ORANGE AVENUE			82	Street Addr	Address (P.O. Box Number is Not Acceptable)			
SUM	E 2100			83	_ 				_
ORLA	NDO FL 32801			84	City			85 Zi	ip Code
					,		FL		·
office or i	registered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida. Such change was a gations of, Section 607.0505, Fl	autnorized	ı by tn	named corp ne corporation	oration submits this statement for the pon's board of directors. I hereby accept	the appoin	illiciil as	its registered registered
SIGNATURE	Signature, typed or printed name of registered a	CINGLE III scent and title if applicable (NOT	E: Registered	Agent s	signature require	d when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	CERS AN	D DIREC	TORS IN 12
TITLE	D	☐ DELETE	1.1 TII	ſLE				Chang	ge 🔲 Addition
NAME	HARLESS, LYNN B		1.2 NA	WE.					
STREET ADDRESS			1.3 ST	REET A	DDRESS				
CITY-ST-ZIP	MILLINGTON TN 38053		1.4 CI	TY-ST-Z	ZIP				
TITLE	D	☐ DELETE	2.1 TIT	n.e				Chang	ge 🗌 Addition
NAME	HARLESS, PAUL E		2.2 NA	WE					
!	303 FAWN LAKE DRIVE		2.3 \$7	REET A	DDRESS				
CITY-ST-ZIP	MILLINGTON TN 38053			TY-ST-					
TITLE	D	☐ DELETE	3.1 TIT	TLE				Chang	ge 🗌 Addition
NAME	PEARLMAN, LOUIS J		3.2 NA	AME					
STREET ADDRESS	9235 RIDGE PINE TRAIL		3.3 ST	REET A	ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32819		3.4. CI	ITY-ST-	. ZIP				
TITLE		☐ DELETE	4 1 TF	πE				Chang	ge 🗌 Addition
NAME			4.2 N	AME					
STREET ADDRESS			4,3 ST	REET A	ADDRESS				1
CITY-ST-ZIP	1		4.4 CI	TY-ST-	ZIP				
TITLE		DELETE	5.1 TI	πE				Chang	ge 🔲 Addition
NAME			5,2 NA	WE	ļ				1
STREET ADDRESS			5.3 ST	REETA	ADDRESS				
CITY-ST-ZIP				TY-ST-	ZIP				
TITLE		☐ DELETE	6.1 TI					Chang	ge 🗌 Addition
NAME			6.2 N/	AME	İ				

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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.

Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90007 047 ***550.00