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

P97000091292 (7) DOCUMENT

THE BANZAI GROUP, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Addr	ess			(4EB1488; 419 1B11) 1B11) 1B111 4B114 4B111 4B118 1B13) 11E1E 17578 1B119 11E1	
1625 NE 17TH WAY 1625 NE 17TH WAY							
FORT LAUDER	RDALE FL 33305	FORT LAUDE	FORT LAUDERDALE FL 33305			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						10/23/1997	
2. Principal Pl	ace of Business	2a. Mailing A	2a. Mailing Address			4. FEI Number	
21		26	<u> </u>			APPUED FUN Not Applicable	
Sulte, Apt. :	#, e tc		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Regulred	
City & State			City & State				
23			28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip			Zip Country		/	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	5		Personal Property Tax due June 30. Yes	
	9. Name and Address of Curr	ent Registered Age	nt			10. Name and Address of New Registered Agent	
JAH	Ka b cin, Kathryn M esq			81	Name		
132	25 S CONGRESS AVE		82 Street Ad		Street At	ddress (P.O. Box Number is Not Acceptable)	
	ITE 104				····		
BO	YNTON BEACH FL 33426			83			
				84	City	B5 Zip Code	
					l	FL 189 Zip code	
office or re	egistered agent, or both, in the Sta	ite of Florida. Such el	bande was aut	horized b	v the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
agent. I a	m tamiliar with and accept the obl	ligations of, Section 6	307. 050 5, Floric	ta Statute	S.		
SIGNATURE	Signature typoid or printed name of registered	s next and the demands this	(NOTE: P	trajetorad An	ant cianatura re	ecuired when reinstating) DATE	
12.		ND DIRECTORS	(14:7)	13.	ent signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD		DELETE	1.1 TITLE	·	Change Addition	
NAME	GOSSETT, SHARON			1.2 NAME			
STREET ADDRESS	1625 NE 17TH WAY			1.3 STREE	T ADDRESS	•	
CITY-ST-ZIP	FORT LAUDERDALE FL 333	305		1.4 CITY-1	ST - ZIP		
TITLE	PTD		DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	COHEN, SHARON			2.2 NAME			
STREET ADDRESS	1625 NE 17TH WAY			2.3 STREE	T ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 333		1 : : : : : : : : : : : : : : : : : : :	2.4 CITY-	ST - ZIP		
TITLE		1	DELETE	3.1 TITLE		Change	
NAME				3.2 NAME			
STREET ADDRESS					T ADDRESS		
CITY-ST-ZIP			DELETE	3.4, CITY - 4.1 TITLE	ST-ZIP	Change Addition	
TITLE		L	_ OCLUIC	4.3 TITLE 4.2 NAME		E outube E vidulou	
NAME CTREET ANABESS					T ADDRESS	•	
STREET ADDRESS				4.4 CITY-1	į.		
CITY-ST-ZIP TITLE			DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME		_	-	5.2 NAME			
STREET ADDRESS					T ADDRESS		
CITY-ST-ZIP				5.4 CITY - :			
TITLE			DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREE	T ADDRESS		
CITY-ST-ZIP				6.4 CITY-			
14. Lhereby o	certify that the information supplied	I with this filing does	not qualify for t	the exemp	otion stated	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath; that I am an	
officer or	director of the corporation or the ri	eceiver or trustee em	powered to exi	ecute this	report as r	required by Chapter 607, Floridal Statutes; and that my name appears in	
Block 12	or Block 13 if changed or on area	ttachment with an ad	Oress CC	ミスマ	_	1 1	
OLONIAT	2711			- +44		4/29/98 630-9882	