## 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 # P98000006925

NURAY ENTERTAINMENT, INC.

Principal Place of Business 1727 DOWN LAKE DRIVE WINDERMERE FL 34786

Mailing Address

1727 DOWN LAKE DRIVE WINDERMERE FL 34786

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90197 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

01/22/1998

2 Dringing Di	lose of Business	2a. Mailing Address			4. FEI Number	Apr	plied For	
2. Fillicipai Fi	al Place of Business 2a. Mailing Addre		13		59-3490088	<del></del>	t Applicable	
Suite, Apt.	#. etc	Suite, Apt. #, etc.				\$8.75 A	dditional	
<u></u>		27	<del>-</del> -1		5. Certifcate of Status Desired	Fee Re	quired	
City & State	9	City & State		-	6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added to	o Fees	
Zip	Country Zip				8. This corporation owes the current year		/	
24 25 29 3			30		Personal Property Tax.  Yes No			
	9. Name and Address of Current	Registered Agent		,	10. Name and Address of New Registere	d Agent		
			81	Name				
BERNAT, JOSEPH C				82 Street Address (P.O. Box Number is Not Acceptable)				
1727 DOWN LAKE DRIVE				ou diego Addieso (1.0. Dox Hambor is Not Adoption)				
WINDERMERE FL 34786								
			1			last zis c		
			84	City	F	L 85 Zip C	,ode	
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes	the above	e-named corp	oration submits this statement for the purpose	of changing its	registered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was aut	horized by	the corporation	on's board of directors. I hereby accept the app	ointment as reg	gistered	
SIGNATURE							}	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Agen	it signature required				
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	PTD	☐ DELETE	1.1 TITLE			Change	☐ Addition	
NAME	BERNAT, JOSEPH C		1.2 NAME					
STREET ADDRESS	1727 DOWN LAKE DRIVE		1.3 STREET	ADDRESS				
CITY-ST-ZIP	WINDERMERE FL 34786		1.4 CITY-ST-ZIP					
TITLE	SD	☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME	WHITACRE, WILLIAM L		2.2 NAME					
STREET ADDRESS	1727 DOWN LAKE DRIVE		2.3 STREET	TADDRESS .			J	
	WINDERMERE FL 34786	<del></del>	2.4 CITY-S					
CITY-ST-ZIP	WINDCHMENE PL 34700	☐ DELETE	3.1 TITLE	1-217		☐ Change	Addition	
			3.2 NAME			_ ,		
NAME								
STREET ADDRESS			3.3 STREE1 3.4. CITY-S					
CITY-ST-ZIP				II-ZIP	<u> </u>	Change	☐ Addition	
TITLE		☐ DETEIE	4,1 TITLE			M Sugage		
NAME			4. 2 NAME					
STREET ADDRESS	†		4.3 STREET					
CITY-ST-ZIP		<del></del>	4.4 CJTY-ST	T-ZIP			☐ Addition	
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS	[ <b>.</b>	<b>†</b>	5.3 STREET	T ADDRESS				
CITY-ST-ZIP	•		5.4 CITY-\$1	T-ZIP				
TITLE		DELETE * 6.1 T				Change	☐ Addition	
NAME			6.2 NAME			_		
STREET ADDRESS	<del></del>		6.3 STREET	TADDRESS		-		
CITY-ST-ZIP			6.4 CITY-S1					
14. I hereby o	certify that the information supplied with	this filing does not qualify for t	he exempti	ion stated in S	Section 119.07(3)(i), Florida Statutes. I further of	ertify that the in	nformation	

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am all 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.