PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State. DIVISION OF CORPORATIONS

DOCUMENT # P98000008934 1. Corporation Name

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90084 005 ***150.00

MG ENTERTAINMENT GROUP, INC.						
Principal Plac	e of Rusiness	Mailing Address		•	T I PONYBON WAS IDISAN POWING BONDS OR A POWING TO A POWING THE PO	
270 S.W. 31ST STREET 270 S.W. 31ST STREET FT LAUDERDALE FL 33315 FT LAUDERDALE FL 33315			•			
TO ENOBLIDADE TO COOLS					DO NOT WRITE IN THIS SPACE	
	• •				3. Date Incorporated or Qualified	
					01/28/1998	
2. Principal Place of Business					4. FEI Number Applied For	
26			<u> </u>		65-0809701 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional	
22 27					Fee Required	
City & State City & State					6. Election Campaign Financing \$5.00 May Be	
23 . 28			<u> </u>		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	1	This corporation owes the current year Intangible	
24	25	29 30	0		Personal Property Tax.	
	9. Name and Address of Curre	nt Registered Agent		T	10. Name and Address of New Registered Agent	
F11.48	IOC INIC		81	Name -		
	NGS, INC.		82	Street	Address (P.O. Box Number is Not Acceptable)	
3732 N.W. 16TH STREET						
Fi.I	LAUDERDALE FL 33311-4132		83	1		
•		•	84	City	- 85 Zip Code	
		•		City	FL * 25 3000	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when not required when n					required when reinstating) DATE	
12.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	GOLDENBERG, ELLIOT		1.2 NAME	,	,	
STREET ADDRESS	270 S.W. 31ST STREET		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33315		1,4 CITY-S	T-ZIP	1.	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	MIGDALL, SUZANNE		2.2 NAME			
STREET ADDRESS	ATA A ME ALAT ATATET	-	23 STREE	TADDRESS	,	
CITY-ST-ZIP	FT LAUDERDALE FL 33315	•	2.4 CITY-5		• • •	
TITLE	TT ENGOETIONEE TE GOOTO	□ DELETE	3.1 TITLE		Director Change Addition	
NAME		·	3.2 NAME		AHAN MIGDALL	
STREET ADDRESS	ļ			T ADDRESS	2705 W 3155 ST	
)			3.4. CITY-5		For Cardindale, FL33315	
CITY-ST-ZIP	,	☐ DELETE	4.1 TITLE) I - Z.IF	Change Addition	
	1	<u></u>	4. 2 NAME		_ ' _	
NAME	·	•		T ADORESS		
STREET ADDRESS						
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition	
I TITLE			5.1 IIILE 5.2 NAME			
NAME			E .	T ADDRESS		
STREET ADDRESS			5.4 CITY-S		,	
CITY-ST-ZİP		DELETE	6.1 TITLE		Change Addition	
TITLE			6.2 NAME		- Criange - Addition	
NAME	1		■ 0.7 UAWE		1	

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 suppliemental 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 chapted, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS