

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

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90093 012 \*\*\*158.75

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DOCUMENT # P98000014093

1. Corporation Name  
ARTISTS NETWORK INC.



Principal Place of Business  
3174 WHISPER WIND DRIVE  
ST. CLOUD FL 34771

Mailing Address  
3174 WHISPER WIND DRIVE  
ST. CLOUD FL 34771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1998

4. FEI Number

59-3492469

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

☒

9. Name and Address of Current Registered Agent

TACKETT, RONNIE B  
3174 WHISPER WIND DRIVE  
ST. CLOUD FL 34771

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

*Ronnie B Tackett*

Signature typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME TACKETT, TERESA M  
STREET ADDRESS 3174 WHISPER WIND DRIVE  
CITY-ST-ZIP ST. CLOUD FL 34771

TITLE D ☐ DELETE

NAME TACKETT, RONNIE B  
STREET ADDRESS 3174 WHISPER WIND DRIVE  
CITY-ST-ZIP ST. CLOUD FL 34771

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME TACKETT, TERESA M.  
1.2 NAME  
1.3 STREET ADDRESS 1150 ALBANY AVE.  
1.4 CITY-ST-ZIP ST. CLOUD, FL. 34771

2.1 TITLE ☒ Change ☐ Addition

NAME TACKETT, RONNIE B.  
2.2 NAME  
2.3 STREET ADDRESS 1150 ALBANY AVE.  
2.4 CITY-ST-ZIP ST. CLOUD, FL. 34771

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE:

*Ronnie B Tackett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-99

Date

407-892-3909

Daytime Phone #

CR2E034 (1/198)