

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 03, 1999 8:00 am
Secretary of State

09-03-1999 90005 006 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000025375

1. Corporation Name

BLACK FACE ENTERTAINMENT, INC.

Principal Place of Business
 2430 SW 87 TERRACE
 MIRAMAR FL 33025

Mailing Address
 2430 SW 87 TERRACE
 MIRAMAR FL 33025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1998

4. FEI Number

65-0825908

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.

☒ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

 21 777 NW 155th LN #24
 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 714

27

23 Miami, FL

28 Miami, FL

24 33169

Country

29

USA

Country

30

USA

9. Name and Address of Current Registered Agent

TREUSCH, ANDY
 11900 BISCAYNE BLVD. #504
 MIAMI FL 33181

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
 NAME MITCHELL, JEFFREY W
 STREET ADDRESS 2430 SW 87 TERRACE
 CITY-ST-ZIP MIRAMAR FL 33025 ☒ DELETE

TITLE D
 NAME BRYANT, LISA
 STREET ADDRESS 2430 SW 87 TERRACE
 CITY-ST-ZIP MIRAMAR FL 33025 ☐ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
 1.2 NAME Mitchell, Jeffery W.
 1.3 STREET ADDRESS 777 NW 155th LN #24
 1.4 CITY-ST-ZIP Miami, FL 33169

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E034 (5/99)