Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90025 047 ***150.00

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 # P98000025928

1. Corporation Name

WEB ENTERTAINMENT TECHNOLOGIES, INC.				
	,			
Principal Place	of Rusinges	Mailing Address		
Principal Place of Business Mailing Address 1600 S. DIXIE HIGHWAY 1600 S. DIXIE HIGHWAY				
SUITE 1-D SUITE 1-D				
BOCA RATON I	FL 33073	BOCA RATON FL 33073		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 03/19/1998
2. Principal Pl	ace of Business	2a. Mailing Address	4.01-	4. FEI Number 65-0859800 Applied For Not Applied For
21		26 65 / 7 N. 57	ate Rd. 7	
Suite, Apt. #, etc.		Suite, Apt, #, etc. 27 Suite 106		5. Certificate of Status Desired
City & State City & State			-1411	6. Election Campaign Financing \$5.00 May Be
23 Coconut Cree				Trust Fund Contribution Added to Fees
Zip Country Zip 23 73 3		Country Broward	8. This corporation owes the current year Intangible Personal Property Tax. No	
9. Name and Address of Current Registered Agent 10				10. Name and Address of New Registered Agent
81 Name				
SCHAFFEL, NEIL 3300 UNIVERSITY DRIVE 82 Street Addre				ress (P.O. Box Number is Not Acceptable)
SUITE 525				
CORAL SPRINGS FL 33065			63	
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	and the	Tresi ve		Norbeto 9/13/11
42	Bignature, typed or printed name of registered egent a OFFICERS AND		Registered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D OFFICERS AND	DELETE	1,1 TITLE	Change Addition
NAME	NORBERTO, JASON		1.2 NAME	
STREET ADDRESS	ACT IN ATTER DOAD TOURT 400		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33073	•••	1.4 CITY-ST-ZIP	
TITLE	D	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HEINO, GLENN E	- ·	2.2 NAME	}
STREET ADDRESS	ACCO O DIVIS HIGHWAY CHITS A D			ţ
CITY-ST-ZIP	BOCA RATON FL 33073	<u> </u>	2.4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		mandada muunin 1000 o	3.2 NAME	الواد مرسطوع بمهولون المعادم الراب المعادمة الماد
STREET ADDRESS	**		3.3 STREET ADDRESS	
CITY-ST-ZIP		□ BC1CTC	3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE	☐ Citatige ☐ Addition
NAME	·		4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	☐ Change ☐ Addition
NAME		<u></u>	5.2 NAME	
STREET ADORESS	•		5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	}
Trine		□ DELETE	6.1 TITLE	☐ Change ☐ Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR