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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000028200

NIGHTBREEDERZ ENTERTAINMENT, INC.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90276 037 ***150.00

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Principal Place	e of Business	Mailing Address					
5124 SW 149TH		5124 SW 149TH PLACE		I .			
MIAMI FL 33185 MIAMI FL 33185		MIAMI FL 33185		DO NOT WR	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed			
Į				03/26/1998			
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	· · · · · · · · · · · · · · · · · · ·	Applied For	
<u>⊢≕</u> '	Tace of Business	26 13876 SU	1 ERAN States	65-0837368	. H	Not Applicable	
Suite, Apt.	# ata	Suite, Apt. #, etc.	3 00 0110		_ \$8.7	5 Additional	
	#, Btc.	27 Suite # 16	ያን .	5. Certificate of Status Desired		Required	
22		City & State	<u> </u>	6. Election Campaign Financing	\$5.	00 May Be	
City & State	е	- AA	77	Trust Fund Contribution	1 1	ed to Fees	
23	Country	28 Whan	Country Q	8. This corporation owes the cur			
Zip			$-\mathcal{E}\mathcal{O}_{-}$	Personal Property Tax.		IZNo	
24	25	[29]	<u> </u>	10. Name and Address of New			
}	9. Name and Address of Currer	nt Kegisteren Agent	81 Name	NB. Maine Blid Address of Mon-			
SAC	K. PAUL						
	41ST STREET		82 Street Add	ress (P.O. Box Number is Not Accep	table)		
	41S) SINEE! AI BEACH FL 33140		<u></u>				
MIAN	ALBEACH FL 33140		83			,	
			84 City		85 2	ip Code	
1			1 1 .		FL		
		02 and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the	e purpose of changing	its registered	
11 Pursuant	to the provisions of Sections 607.050			ion's board of directors. I hereby acce	ppi me appointment as	redisianan	
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida. Such change was aut	da Statutes				
11. Pursuant office or nagent, I a	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was autations of, Section 607.0505. Florid	da Statutes			1	
11. Pursuant office or r agent, I a SIGNATURE					DATE		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F	Registered Agent signature require	ed when /einsteiling)	DATE		
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN				DATE		
SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AN	ord and side of applicable. (NOTE: R	13.	ed when /einsteiling)	DATE FFICERS AND DIREC		
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14. I hereby certify that the information supplied with this filing poes not quality for the exemption stated in Section 119.0103(f), Florida Statutes. Totaled certify that at information indicated on this annual report or supplied ental angual report is true and accurate and that my signature shall have the same legal effect as if made under oth; that I am an officer or director of the corporation or the lessage of true test amounted to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes; or a large true that an address with sall other like empowered.

SIGNATURE:

2-5-99

305-210-5225