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 # **P98000037413**1. Corporation Name

TITANIU	M ENTERTAINMENT, INC.					
Principal Place	e of Business	Mailing Address				
767 106TH AVENUE NORTH NAPLES FL 34108 768 106TH AVENUE NORTH NAPLES FL 34108						
	•					DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 04/23/1998
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-35230 29 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			•	5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cour	ntry		This corporation owes the current year Intangible
24	25	29 30	0			Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent
	OUT DANGE			81	Name	3
ENRIGHT, DANIEL 767 106TH AVENUE NORTH				82	Street A	t Address (P.O. Box Number is Not Acceptable)
				-	01.0017	Street Address (1 Box Natified 15 Not Nocopiasio)
napi	LES FL 34108		1	83		
						85 Zip Code
				84	City	FL 85 Zip Code
office or ragent. I a	egistered agent, or both, in the State of the mailiar with, and accept the obligation	of Florida, Such change was autr tions of, Section 607.0505, Florid	nonzed la Statu	by ti ites.	ne corpo	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered a required when reinstating)
12.	OFFICERS AN		13.		**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PALLSBEUT	☐ DELETE	1.1 TIT	LE		☐ Change ☐ Addition
NAME	DANIEL BURIONT		1.2 NA	ME		
STREET ADDRESS	767 10674 AUS N.		1.3 STI	REET A	ADDRESS	s
CITY-ST-ZIP	NAPLES, FLORIDA 34	1108	1.4 CIT	Y-ST-	.zip	
TITLE	VICE PRESEDENT	☐ D€LETE	2.1 TIT			☐ Change ☐ Additio
NAME	JEFPREY SCHOLER		2.2 NA	ME	ļ	
STREET ADDRESS		• .			ADDRESS	s
	MARKES E/DRIVA SY		2.4 CI		i	
CITY-ST-ZIP TITLE	PAILTY, FISHER VM. 37	DELETE	3.1 TIT		-2"	Change Additio
			3.2 NA			
NAME			l.		ADDRESS	g
STREET ADDRESS						~
CITY-ST-ZIP		□ DELETE	3.4. CI 4.1 TIT		-217	☐ Change ☐ Additio
TITLE			4.2 N/			
NAME					ADDDESS	e l
STREET ADDRESS					ADDRESS	3
CITY-ST-ZIP	V	□ DELETE	4.4 CI		-ZIP	☐ Change ☐ Additio
TITLE			a.1 IfI	ᄩ		

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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90080 024 ***150.00

☐ Change

Addition