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 # P98000043918

1. Corporation Name

TWELVE PLANET ENTERTAINMENT, INC.

Principal Place of Business

Mailing Address

6820 SOUTHWEST 76TH TERRACE MIAMI FL 33143

6820 SOUTHWEST 76TH TERRACE MIAMI FL 33143

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

05-10-1999 90122 030 ***150.00



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed
					05/14/1998
	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			(05-0851640 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Sa.75 Additional Fee Required
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	/	8. This corporation owes the current year Intangible
24 25 29 3					Personal Property Tax.
	9. Name and Address of Current		<u> </u>		10. Name and Address of New Registered Agent
	•		81	Name	
WOLFE, RICHARD C				Street Add	dress (P.O. Box Number is Not Acceptable)
20803 BISCAYNE BOULEVARD				Street Add	dress (P.O. box Number is Not Acceptable)
SUITE 200				1	
AVEI	NTURA FL 33180		<u> </u>	<u> </u>	100 22 0 4
			84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607 0502	and 607.1508, Florida Statutes.	, the abov	e-named cor	rooration submits this statement for the nurroose of changing its registered
office or t	egistered agent, or both, in the State of	f Florida. Such change was auth	norized by	the corporat	tion's board of directors. I hereby accept the appointment as registered
	m familiar with, and accept the obligation	ans or, section our usus, Flonds	a Sidiules	.	
SIGNATURE	Signature, typed or printed name of registered agent	and title if apolicable. (NOTE: Re	egistered Age	nt signature requir	red when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE 43	PSD	☐ DELETE	1.1 TITLE		Change Additi
NAME	AGUILO. JOHN		1.2 NAME		
STREET ADDRESS	6820 SOUTHWEST 76TH TERRA	(CE	1.3 STREE	TADDRESS	
CITY-ST-ZIP	MIAMI FL 33143		1.4 CITY-S	ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Additi
NAME	GIL. MARIO		2.2 NAME		
STREET ADORESS	1042 WEST 24TH STREET		2.3 STREE	T ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010		2. 4 CITY-1	ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE		Change Addit
NAME	PEREZ. AL		3.2 NAME		
STREET ADDRESS	601 EAST 44TH STREET		3.3 STREE	T ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33013		3.4. CITY-	ST-ZIP	
TITLE	The state of the s	☐ DELETE	4.1 TITLE		Change Additi
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	-	☐ Change ☐ Additi
NAME			52 NAME		
STREET ADDRESS			5.3 STREE	T ADDRESS	•
CITY-ST-ZIP	,		5.4 CITY-S	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		Change Additi
NAME			62 NAME		
STREET ADDRESS		8 S. P. S	6.3 STREE	T ADDRESS	
			6.4 CfTY-5		
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:

305-882-195(