FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000056794

1. Corporation Name

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90232 013 ***150.00

L.E.S. El	NTERTAINMENT, INC.						
	•						
Principal Place	e of Business	Mailing Address		_	\$ 100 F100 E 150 JULO E 10111 00111 00111 0011	#: #!}!# #!!!! ! # #!# !!)
P.O. BOX 672.4		P.O. BOX 672.484 CR 552	•		•		
BUSHNELL FL 33513 BUSHNELL FL 33513							
					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed		
	<u> </u>	· · · · · · · · · · · · · · · · · · ·			06/24/1998		
	lace of Business	2a. Mailing Address	4-17		4. FEI Number 59 - 352 53 84	 	lied For
21 484	<u> </u>	20	6 14	••••	39-3523564		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Ad Fee Req	
22		27					
	& State City & State				6. Election Campaign Financing Trust Fund Contribution Added to Fees		
23	28		0		Trust Fund Contribution		rees
Zip	Country □	Zip	Cour	nury	8. This corporation owes the current year I		JNo
24	25	29	30		Personal Property Tax. 10. Name and Address of New Registere		NO
•	9. Name and Address of Currer	nt Registered Agent		81 Name	10. Name and Address of New Registere	n when	
\A/AT	TS ISAAC IR			or manie			
WATTS, ISAAC JR. 484 CR 552				82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
484 CH 352 BUSHNELL FL 33513							
503	HINELL FL 33513			83			
			 	84 City	,	. 85 Zip Co	ode
	·				F	<u> </u>	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	ites, the ab	ove-named co	propriation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its re contract as requ	egistered istered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Statu	ites.	ation's board of directors. Thereby decept are app		
SIGNATURE					•		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOTI	E: Registered	Agent signature requ	uired when reinstating) DATE		
12.		ND DIRECTORS ·	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	Isaac Watts Jr.	☐ DELETE	1.1 TIT	LE J		Change	☐ Addition
NAME	Pres Sec Treas.		1.2 NA	ME			
STREET ADDRESS	484 CR SSZ			I			
C/TY-ST-ZIP	Bushnell Fl. 3	_	1.3 STI	REET ADDRESS			į
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	Oughnett, 11.	3513		ry-ST-ZIP		Change	☐ Addition
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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:

近 REQUIRED RINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-569-9459