


**FILED**  
**Aug 13, 1999 8:00 am**  
**Secretary of State**

08-13-1999 90011 020 \*\*\*550.00

AMOUNT DUE ON OR BEFORE 08/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$150).

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000060309

1. Corporation Name

TRIPLE M ENTERTAINMENT INC.

Principal Place of Business  
 16300 N.E. 19 AVE. #112  
 NO. MIAMI BEACH FL 33162

Mailing Address  
 16300 N.E. 19 AVE. #112  
 NO. MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1998

2. Principal Place of Business

21 16300 N

Suite, Apt. #, etc.

22 112

City &amp; State

23 No Miami Beach Florida

Zip

24 33162

Country

2a. Mailing Address

26 16300 NE 19 AVE

Suite, Apt. #, etc.

27 112

City &amp; State

28 No Miami Beach Florida

Zip

29 33162

Country

30

4. FEI Number

65-0841478

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

6. This corporation owes the current year Intangible Personal Property.

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

DURDEN, CECIL R II  
 14145 N.E. 8 AVE.  
 NO. MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME Cecil R Durden

STREET ADDRESS 14145 NE 8 AVE

CITY-ST-ZIP N. Miami, Fla 33161

TITLE

NAME V. President

STREET ADDRESS Michael Calixte

CITY-ST-ZIP 531 NE 100 St. N. Miami, Fla 33162

TITLE

NAME Treasurer

STREET ADDRESS Lucerne Calixte

CITY-ST-ZIP 725 N.W. 100 St. Apt C

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

P98000060309  
614693 - 90055

Thursday, 26 August, 1999  
03:00:06 PM

DIVISION OF CORPORATIONS  
P.O. BOX 1500 TALLAHASSEE,  
FLA, 32302-1500.

SUBJECT: DIVISION OF ANUAL REPORT FILLING.  
ATT: SEAN TONER  
REF:P98000060309

DEAR MR. TONER,

WE HAVE NEVER RECEIVED THE FIRST ANNUAL REPORT FILLING  
NOTICE. IF YOU WOULD REVIEW OUR FILE YOU WILL SEE THAT  
\$550.00 HAS BEEN PAID. PLEASE UNDERSTAND THAT WE ARE  
A NEW COMPANY. IF BY ANY CHANCE COULD THE BALANCE  
BE TRANSFERED OR REFUNDED. THANK YOU.

SINCERLEY,  
TRIPLE M ENTERTAINMENT. INC.