## 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 # P98000070272

**ESKILD ENTERTAINMENT, INC.** 

## Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90089 049 \*\*\*150.00



Principal Place of Business Mailing Address									
ONE PROGRESS PLAZA. SUITE 800 ONE PROGRESS PLAZA. SU									
ST PETERSBURG FL - 82144			ST PETERSBURG FL <del>92141</del>			DO NOT V	DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualif			
						08/10/1998			
2. Principal P	lace of Business	2a.	Mailing Address		- · · · · · · · · · · · · · · · · · · ·	4. FEI Number	1 - 1 1	App	lied For
21			26			59-352	6066	Not	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	- ···	\$8.75 Ad	
22			27			5. Certificate of Status Desiret	, <u> </u>	Fee Req	uired
City & State			City & State			6. Election Campaign Financi	ng 🗆	\$5.00 N	-
23			28			Trust Fund Contribution		Added to	Fees
、 <sup>Zip</sup> ラス・	Country			Country		8. This corporation owes the current year Intangible			
24 33		[29]	33701	30		Personal Property Tax.  10. Name and Address of Ne			
	9. Name and Addres	is of Current Registe	ered Agent		81 Name			gont	
CAMPBELL, C PHILIP JR					ט		ERA		
101 E KENNEDY BLVD, SUITE 2800						tress (P.O. Box Number is Not Account to the PROBRESS PL	eptable)	WITE	800
TAMPA FL 33602					83	de <u>frogress</u> pl	ر ۱۱۵۱۰	<u> </u>	
					84 City	PETERS BURG.	FL	85 Zip Co	370 <i>1</i>
44 Discount	to the provisions of Socti	one 607 0502 and 60	7 1508 Florida Statu	ites the a	hove-named con	poration submits this statement for	the nurpose of c	hanging its r	egistered
office or r	enictored agent or both	in the State of Florids	SUCH CHARGE WAS	autoonzer	I DV THE COTOOTAL	ion's board of directors. I hereby ac	cept the appoint	ment as regi	istered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								2-8-9	9
SIGNATURE	Signature, typed or printed name	of registered agent and title if	applicable. (NOT	E: Registered	Agent signature requir	red when reinstating)	DATE		
12.	OF	FICERS AND DIREC	TORS	13.		ADDITIONS/CHANGES TO			
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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**