

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

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

02-19-1999 90089 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000070272

1. Corporation Name
ESKILD ENTERTAINMENT, INC.

Principal Place of Business: ONE PROGRESS PLAZA, SUITE 800, ST PETERSBURG FL 32144
Mailing Address: ONE PROGRESS PLAZA, SUITE 800, ST PETERSBURG FL 32144



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/10/1998
4. FEI Number: 59-3526066
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with handwritten zip code 33701.

9. Name and Address of Current Registered Agent: CAMPBELL, C PHILIP JR, 101 E KENNEDY BLVD, SUITE 2800, TAMPA FL 33602

10. Name and Address of New Registered Agent: DEAN E. KUCERA, ONE PROGRESS PLAZA, SUITE 800, ST. PETERSBURG, FL 33701

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: Dean E. Kucera, DATE: 2-8-99

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for title, name, street address, and city-st-zip for Dean E. Kucera.

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: [Signature] DATE: 2-8-99 DAYTIME PHONE #: 727-821-4440

CR2E034 (11/98)