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

FILED
Apr 26, 1999 8:00 am
Secretary of State
04-26-1999 90040 047 ***158.75

0164847

DOCUMENT # **P98000089647**

1. Corporation Name
MIDAS TOUCH ENTERTAINMENT, INC.

Principal Place of Business	Mailing Address
6316 BLVD. OF CHAMPIONS NO. LAUDERDALE FL 33068	6316 BLVD. OF CHAMPIONS NO. LAUDERDALE FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/20/1998

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number
65-0877911
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SCOTT, ROBIN R
6316 BLVD. OF CHAMPIONS
NO. LAUDERDALE FL 33068

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	V	☐ Change ☒ Addition
NAME	SCOTT, ROBIN R		1.2 NAME	Brian B Gegarian	
STREET ADDRESS	6316 BLVD. OF CHAMPIONS		1.3 STREET ADDRESS	1620 Stonehaven Dr. #1	
CITY-ST-ZIP	NO. LAUDERDALE FL 33068		1.4 CITY-ST-ZIP	Boynton Beach, FL. 33436	
TITLE		☐ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME			2.2 NAME	Kenrood Sterling	
STREET ADDRESS			2.3 STREET ADDRESS	10066 Boynton place circle	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Boynton Beach, FL. 33437	
TITLE		☐ DELETE	3.1 TITLE	D/P/C/S/T/M	☒ Change ☐ Addition
NAME			3.2 NAME	Robin R. Scott	
STREET ADDRESS			3.3 STREET ADDRESS	6316 Blvd of Champions	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	N. Lauderdale, FL. 33068	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 2-7-99 — 954-683-1502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)