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 # P98000099771

1. Corporation Name

NAME

STREET ADDRESS

FUNK'E FEVER ENTERTAINMENT INC

TONKE	FEATU CHIEULYHARAICHI, I	40 .			
Principal Place		Mailing Address			
7730 CAMINO R	EAL	7730 CAMINO REAL			
#F209 Miami FL 33143		#F209 Miami Fl 33143		DO NOT WRITE IN TH	IS SPACE
MINNII 1 E 00170		MINIMI I E 00170		3. Date Incorporated or Qualifed	
				12/01/1998	
2. Principal P	lace of Business	2a. Mailing Address		4 FEI Number	Applied For
21 (020)	> 10749/F</th <th>26 SAME</th> <th></th> <th>HAYLIED HOK</th> <th>Not Applicable</th>	26 SAME		HAYLIED HOK	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	9	City & State		6 Flortion Compaign Financing	\$5.00 May Be
_ ^\	JW1 1-1	28		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	
24 33	73 25 U SH	29 30		Personal Property Tax.	Yes UNO
24	9. Name and Address of Currer	•	<u>,</u>	10. Name and Address of New Registere	d Agent
			81 Name		
HATO	CHER, RAY			(O.O. D. Al. Assistance Market	
7730 CAMINO REAL			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
#F20	9 ,		83		
MIAM	I FL 33143	٨			
_	1/	/)	84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 601.1508, 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.					
agent. I e	m familiar with, and accept the oblica	mons by Section 607.0505, Florid	a Statutes.	4120	<i>DO</i> 1
SIGNATURE	Signature, typed or printed name of registered one	Model and and inches	egistered Agent signature require	d when reinstating)	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE		Change Addition
NAME	HATCHER, RAY		1.2 NAME		
	7730 CAMINO REAL		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143		1.4 CITY-ST-ZIP		
TITLE	SVD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOJAS, HAROLD H		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143		2. 4 CITY-ST-ZIP	···	
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HATCHER, JEANETTE	_	32 NAME		}
			3.3 STREET ADDRESS		
	MIAMI FL 33143		3.4. CITY-ST-ZIP		
CITY-ST-ZIP	INDUNIT C COTTO	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
			4. 2 NAME		·
NAME.			4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CiTY-ST-ZiP		
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
TITLE	{		5.1 IIILE 5.2 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP			6.1 TITLE		☐ Change ☐ Addition
TITLE	1				

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 suppliermental 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 trystee emprowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 15 if changes, or on an attachment and address, with all other like empowered. SIGNATURE:

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90087 022 ***150.00