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 # P98000104171

1. Corporation Name

MILLENHIM ENTERTAINMENT HOLDINGS INC

THE		
Principal Place of Business 7648 SOUTHLAND BLVD STE 105	Mailing Address 7648 SOUTHLAND BLVD STE 105	
ORLANDO FL 32809	ORLANDO FL 32809	DO NOT WRI
		 Date Incorporated or Qualifed 12/11/1998
2. Principal Place of Business	2a. Mailing Address	4. FEI Number
21		59-3549437
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired
22	[27]	
City & State	28 City & State	-6 Election Campaign Financing Trust Fund Contribution
Zip Country	Zip Country	8. This corporation owes the cur
24 25	29 30	Personal Property Tax.
9. Name and Address of C		10. Name and Address of New i
REOWN DOLIGIAS H	81	Name

May 04, 1999 8:00 am Secretary of State

05-04-1999 90055 036 ***158.75



DO NOT WRITE IN THIS SPACE

Applied For

Fee Required \$5,00 May Be

Added to Fees

Not Applicable \$8,75 Additional

Zip	Country	Zip		Country		8. This corporation	on owes the current year	Intangible	
24	25	29	29 30			Personal Prop	Personal Property Tax.		⊠No
,	9. Name and Address of Current	Registered Agent	•			10. Name and Ad	dress of New Register	ed Agent	
550				81	Name				
BROWN, DOUGLAS H				82 Street Address (P.O. Box Number is Not Acceptable)					
7648 SOUTHLAND BLVD STE 105									
ORL	ANDO FL 32809			83					l
				84	City			. 85 Zip	Code
					•		F	L	
office or	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	Florida, Such chan	ge was author	ized by	ine corporai	rporation submits this s tion's board of directors	tatement for the purpose s. I hereby accept the ap	of changing it pointment as r	s registered egistered
SIGNATURE			MOTE P-2	tored Agen	l alamatura raqui	ired when reinstating)	DATE		
12.	Signature, typed or printed name of registered agent a OFFICERS AND			13	r mArierra sadri		ANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	D STIELRS AND			1.1 TITLE				☐ Change	
NAME	BROWN, DOUGLAS H			1.2 NAME					
STREET ADDRESS	TAKE COLUMN AND DIVID OFF ACT	i		.3 STREET	ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32809	•	4	1.4 CITY-S					
TITLE	OTILATIDO TE SESS			2.1 TITLE	-			☐ Change	☐ Addition
NAME				2.2 NAME					
STREET ADDRESS	,			2.3 STREET	ADDRESS				
CITY-ST-ZIP				2. 4 CITY-S					
TITLE .				3.1.TITLE_				☐ Change	□ Addition
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREET	ADDRESS				
CITY-ST-ZIP			i.	3.4. CITY-S	T-ZIP				
TITLE				4.1 TITLE				☐ Change	☐ Addition
NAME	1		١.	4.2 NAME	-				•
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP	,			4.4 CITY-S	r-ZIP			_	
TITLE	,		ELETE .	5.1 TITLE			·	☐ Change	Addition
NAME				5.2 NAME					
STREET ADDRESS	s			5.3 STREET	ADDRESS				
CITY-ST-ZIP	1 .			5.4 CITY-S	r-ZIP				
TITLE			ELETE	6.1 TITLE				Change	Addition
NAME	•			6.2 NAME					
STREET ADDRESS	s /			6.3 STREET	ADDRESS				
CITY-ST-ZIP				6.4 CITY-S					
14. I hereby	certify that the information supplied with don this annual report or supplemental a r director of the corporation or the receive								

SIGNATURE: