

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000104511

Corporation Name

C.M. ENTERTAINMENT INC.

Principal Place of Business

1141-71 STREET
MIAMI BEACH FL 33141-0213

Mailing Address

1141-71 STREET
MIAMI BEACH FL 33141-0213



REINSTATEMENT

99

3. Date Incorporated or Qualified
12/17/1998

4. FEI Number ☒ Applied For
KW. 65-0883578 ☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

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

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

Principal Place of Business

6157NW 167 Street
Suite, Apt. #, etc.

2a. Mailing Address

26 6157 NW 167 Street
Suite, Apt. #, etc.

F-14

City & State

Miami, Florida

Zip Country
33015 25 USA

27 F-14

City & State

28 Miami, Florida

29 33015 30 USA

9. Name and Address of Current Registered Agent

BUTLER, EUGENE
1141-71 STREET
MIAMI BEACH FL 33141-0213

10. Name and Address of New Registered Agent

81 Name Eugene Benjamin Butler
82 Street Address (P.O. Box Number is Not Acceptable)
6157 NW 167th Street Unit F-14
83 Commercial Center of Miami
84 City Miami FL 85 Zip Code 33015

1. 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 Eugene Benjamin Butler
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Sept 28 1999

2. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BUTLER, EUGENE	
STREET ADDRESS	1141-71 STREET	
CITY-STATE-ZIP	MIAMI BEACH FL 33141-0213	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Cedric C. Munnings	
1.3 STREET ADDRESS	90 NE 96th Street	
1.4 CITY-STATE-ZIP	Miami, Florida 33138	
2.1 TITLE	V.P./Secretary/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Eugene Benjamin Butler	
2.3 STREET ADDRESS	6157 NW 167th Street Unit F-14	
2.4 CITY-STATE-ZIP	Miami, Florida 33015	
3.1 TITLE	Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Neal Simmons	
3.3 STREET ADDRESS	7110 NW 4th Avenue Boca Raton, FL	
3.4 CITY-STATE-ZIP	33487	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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4. 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.

SIGNATURE: Eugene Benjamin Butler Sept 28, 1999 305 698 88;
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KE