## 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 # **P98000105654**1. Corporation Name

GOTHAM PROMOTIONS, INC.

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90036 014 \*\*\*150.00



Principal Place	e of Business	Mailing Address				<u> </u>			
2100 PARK CENTRAL BLVD. NORTH SUITE 500 2100 PARK CENTRAL BLVD. N				ı sur	TE 500				
ft. Lauderdali	E FL 33064	FT. LAUDERDALE FL 3300	b <del>4</del>			DO NOT	WRITE IN THIS	SPACE	
						3. Date Incorporated or Qua	ifed		
						12/21/1998		/	<b>/</b>
9 D::(D	de estados	2a. Mailing Address				4. FEI Number			Applied For
·	lace of Business				4. 1 El Namber		J	Not Applicable	
21		26							
Suite, Apt. #, etc.		_ <u>_</u> _ · · · ·	Suite, Apt. #, etc.			5. Certifcate of Status Desire	ed 🗀		Additional Required
22		27							
City & State		City & State	<u> </u>			6. Election Campaign Finance	ing 🗆		May Be
23		28				Trust Fund Contribution			d to Fees
Zip Country		Zip				8. This corporation owes the	current year Inta		
24	25 29 30		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	nt Registered Agent		Ь,		10. Name and Address of N	ew Registered A	Agent	
				81	Name				
	SSTAFF, JOHN M		82 Street Ad			dress (P.O. Box Number is Not Ac	rentable)		
3050	S.W. 22 COURT		62 Street Ad			diess (F.O. Box Number is Not No.	soptable)		
FT. L	AUDERDALE FL 33312		83						
				84	City		FI	85   Zip	Code
44 Dimeriant	to the providing of Spetions 607 050	12 and 607 1509 Florida Stat	tutos the s	hove	-named co	progration submits this statement for		hanging i	ts registered
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	Signature, typed or printed name of registered age	not and title if applicable (NC	TE: Registers	d Anen	t signature requ	uired when reinstating)	DATE		\
12.		ND DIRECTORS	13.		, organization response	ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECT	TORS IN 12
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NAME	KINSLER, MARK								
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O INCL I ADDINESS	T								

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 conforcation or the receiver or hystee 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, you an attachment with an address with all offer like empowered.

SIGNATURE: