FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT # S08607

(1)

INNOVATIVE ENTERTAINMENT, INC.



Principal Place	of Business	Mailing Address	Mailing Address 9780 16TH ST.NORTH ST. PETERSBURG FL 33716					••••	
9780 16TH S St. Petersb	T.NORTH BURG FL 33716								
						Date Incorporated or Qualified 10/25/1990	3a. Date 07		st Report
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26			··· ·· ·	59-3040171			Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	.75 Additional Fee Required
City & State	· · · · · · · · · · · · · · · · · · ·	City & State			.	6. Election Campaign Financing			5.00 May Be
23		28				Trust Fund Contribution			dided to Fees
Ζίρ 24	Country Zip		Country 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ✓ Yes ☐ No			
	g. Name and Address of Curren	it Registered Agent				10. Name and Address of New R	egistered A	gent	t .
			8	11	Name				
	VILLIAM C. TH ST. NORTH		8	32	Street Addre	ass (P.O. Box Number is Not Acceptable)			
ST. PETI	ERSBURG FL 33705		8	3					
			8	34	City			85	Zip Code
44 6	- Maria - 10-11-10-10-10-10-10-10-10-10-10-10-10-1		4	1		ation submits this statement for the pur	<u>FL</u>	<u></u>	
or register	ed agent, or both, in the State of Florich, and accept the obligations of, Sect	da. Such change was authori	ized by the co	rpo	oration's board	d of directors. I hereby accept the appo	ointment as	egist	ered agent. I am
	Signature, typed or printed name of registered agent		IOTE: Registered A	gent	t signature required		DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFF			
TITLE	PVPT West, William C.	☐ DELETE	1. 1 TITL			•] Chai	nge 🗌 Addition
NAME STREET ADDRESS	9780 16TH STREET NORTH		1.2 NAM		ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33716		1.4 City]				
TITLE		☐ DELETE	2. 1 TiTL					Cha	nge 🔲 Addition
NAME			2.2 NAM	1E					
STREET ADDRESS			2.3 STRE	EET #	ADDRESS				
CHTY - ST - ZIP			2.4 CITY		[- 21P	······································			
TITLE		☐ DELETE	3. 1 TITL] Chai	nge Addition
010011 4000500			3.2 NAM		1000000				
STREET ADDRESS CITY-ST-ZIP			3.3 SIK 3.4 CITY		ADORESS				
TITLE		☐ DELETE	4. 1 THL) - Z(F] Chai	nge
NAME			4.2 NAM	1E			_		-
STREET ADDRESS			4.3 STRE	EET A	ADDRESS				
CHTY-ST-ZIP			4.4 CITY		r - ZIP				
TITLE		☐ DELETE	5. 1 TITL] Chai	nge 🗌 Addition
NAME			5.2 NAM						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6. 1 TITL		I-ZIP			7 Chai	nge [7] Addition
NAME		□ <i>0</i> , t	6.2 NAM				L	, 500	
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP			6.4 CITY						
	1	with this files is valuatorily for				or the exemption stated in Costion 110	07/2VIA Elec	ida C	tatidos I firebor

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 appears.

SIGNATURE: