FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

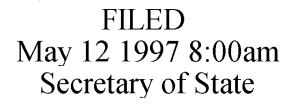
Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # V16523

(5)

SOUTH FLORIDA ENTERTAINMENT NETWORK & D.O.C. PRO MOTIONS & ENTERTAINMENT, INC.





Principal Place of Business Mailing Address						/ Illen firen bien dial bille tiand tit mibit biet gier, eint dien dien dien.				
8713 N.E. 8TH COURT 8713 N.E. 8TH COL										
MIAMI FL 3313	6-3313	MIAMI FL 33138-3313				1				
						 Date Incorporated or Qualified 02/25/1992 	3a. D	ate of Last R /05/1996	eport	
2, Principal P 21	lace of Business	2a. Mailing Address				4. FEI Number 65-0316375		 	oplied For of Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	X	\$8.75 Additional Fee Required		
City & State	е	City & State	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution		Added t		
Zip [24]	<u> </u>		30	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes No				
[24]		9. Name and Address of Current Registered Agent			10, Name and Address of New Registered Agent					
BLA	IR, ARTHUR			81	Name					
8713 N.E. 8TH COURT				62	Street Ac	ddress (P.O. Box Number is Not Accepta	ble)		3	
, MIA	MI FL 33138-3313		ŀ	83						
			ļ	84	City		FL	85 Zip (Code	
11. Persuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statut	es, the at	I	-named c	orporation submits this statement for the			s registered	
office or r	registered agent, or both, in the St im familiar with, and accept the ob	tate of Florida. Such change was a oligations of, Section 607,0505. Fix	authorized orlda Stati	l by utes	the corpo	orporation submits this statement for the ration's board of directors. I hereby according	opt the ap	pointment as	registered	
SIGNATURE.		3								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg					ni signature re	quired when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS PCD DELETE			13.		ADDITIONS/CHANGES TO OFF	CERS AN	D DIRECTOR Change	S IN 12 Addition	
THLF NAME	BLAIR, ARTHUR "DOC"			1.1 TITLE 1.2 NAME				Cil Change	L. AUGILION	
STREET ADDRESS	8713 N.E. 8TH COURT		1.3 STREE		ADORESS					
CHY-ST-ZIP	MIAMI FL 33138-3313		1.4 CITY-ST-ZIP							
TITLE	M DELEYE 2.1			2.1 TITLE				Change	☐ Addition	
NAME	CAREY, JOHN J SR.		2.2 NAME						j	
STREET ADDRESS	4830 N.W. 3RD AVE.		2.3 STREET ADDRESS		ADDRESS					
CITY-ST-ZIP	MAMI FL 33127		2. 4 CITY-ST-ZIP		T-ZiP					
FILE	TS DIAID IAN B	☐ DELETE	31 TITLE					L Change	Addition	
NAME	BLAIR, JAN B 8713 N.E. 8TH COURT		3.2 NAME						ŀ	
STREET ADDRESS GITY-ST-ZIP	MIAMI FL 33188-3313		3.3 STREET ADDRESS : 3.4. CITY-ST-ZIP							
TIME	VP	☐ DELETE	4.1 TiT		1-21r		·····	Change	Addition	
NAME	ALI, CLASSIUS		4. 2 NJ		Í					
STREET ADDRESS	8713 N.E. 8TH CT.				ADDRESS	•			İ	
C(1Y+S1+2)F	MIAMI FL		4.4 CITY -		- 1				İ	
TITLE		☐ DELETE	5.1 TETLE					Change	Addition	
NAME.			5.2 NAME		-				ļ	
STREET ADDRESS	5.3		5.3 51	5.3 STREET ADDRESS						
CITY-ST-7IP	DELETE			5.4 CITY-ST-ZIP				 _		
TITLE			6.1 TITLE					☐ Change	Addition	
NAME			6.2 NAME							
STREET ADDRESS					ADDRESS				[
CITY-ST-ZIP				Y-S	T-ZIP					

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 exportation 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

SIGNATURE

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