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 # P98000108151

Country

9. Name and Address of Current Registered Agent

BALLANTYNE, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

Principal Place of Business	Mailing Address	
021 E. BOULEVARD	1021 E. BOULEVARD	
CHARLOTTE NC 28203	CHARLOTTE NC 28203	

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

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FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90025 048 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

□No

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

12/29/1998

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GIBBONS, TUCKER, MILLER, WHATLEY & STEIN 101 E. KENNEDY BLVD., STE. 1000			81	81 Name 82 Street Address (P.O. Box Number is Not Acceptable)				
			82					
TAMP	A FL 33602		83					
			84	City		85 Zip (Code	
				•	<u>FL</u>			
office or re	to the provisions of Sections 607.0502 and 607.1508 egistered agent, or both, in the State of Florida. Such m familiar with, and accept the obligations of, Section	n change was autho	orized by	-named the corpo	corporation submits this statement for the purpose of coration's board of directors. I hereby accept the appoin	changing its tment as re	registered gistered	
SIGNATURE					equired when reinstating) DATE			
	Signature, typed or printed name of registered agent and title if applicable		13.	signature n	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	DIRECTO	RS IN 12	
12.	OFFICERS AND DIRECTORS	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO GITTOERO ANI	Change	Addition	
TITLE	ERIC E.E. BESSEM	☐ DELETE						
NAME	PRESIDENT BOULENARD		1.2 NAME					
STREET ADDRESS			1.3 STREET	ADDRESS				
CITY-ST-ZIP	CHARLOTTE, NC 28203		1.4 CITY-ST	-ZIP				
TITLE	SHELLEY M. WARA	☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME	VICE ARESIDENT		2.2 NAME					
STREET ADDRESS	1021 BAST BOULEVARIO		2.3 STREET	ADDRESS	نوخي مجيور كالماد المادات			
CITY-ST-ZIP	SHELLEY M. WARD VICE ARESIDENT 1021 EAST BOLLEVARD CHARLOTTE, NC 28203		2.4 CITY-S	F-ZIP				
TITLE		☐ DELETE	3.1 TITLE			Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-S	r-zip				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition	
NAME			4.2 NAME				}	
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST	- ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME		1	5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S1	-ZIP				
TITLE		DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 C/TY-S7	- ZIP				
14 I hereby o	ertify that the information supplied with this filing doe	s not qualify for the	exempti	on stated	in Section 119.07(3)(i), Florida Statutes. I further cert ature shall have the same legal effect as if made unde	ify that the i	nformation	

Country

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tion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the control of th officer or director of the corpo Block 12 or Block 13 i change

SIGNATURE:

704-333-4311