2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004
Secretary of State

DOCUMENT# 762121

Entity Name: FANTASY THEATRE FACTORY, INC.

Current Principal Place of Business:

7069 SW 47TH ST
MIAMI, FL 33155 US

New Principal Place of Business:

Current Mailing Address:

7069 SW 47TH ST
MIAMI, FL 33155 US

New Mailing Address:

FEI Number: 59-2230097 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DULBERG, ROBERT A ESQ
100 S.E. 2ND STREET
INTERNATIONAL PLAZA SUITE 2100
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	MARGULIS, STEPHEN,	
Address:	10747 NW 26TH ST	
City-St-Zip:	SUNRISE, FL 00000,	
Title:	D	( ) Delete
Name:	DULBERG, ROBERT	
Address:	100 S.E. 2ND STREET, SUITE 2100	
City-St-Zip:	MIAMI, FL	
Title:	TSD	( ) Delete
Name:	ALLEN, ED,	
Address:	6740 S.W. 75TH TERR.	
City-St-Zip:	MIAMI, FL 00000,	
Title:	VD	( ) Delete
Name:	CASBARRO, JOHN,	
Address:	8541 N.W. 12TH ST.	
City-St-Zip:	PEMBROKE PINES, FL	
Title:	PD	( ) Delete
Name:	SCHULTZ, MIMI,	
Address:	6740 S.W. 75TH TERR.	
City-St-Zip:	MIAMI, FL 00000,	
Title:	D	( ) Delete
Name:	REICH, AVA,	
Address:	7538 SW 64 STREET	
City-St-Zip:	MIAMI, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ED ALLEN TSD 05/13/2004

Electronic Signature of Signing Officer or Director — Date

CHARLES RAYMOND
2855 MORNINGLORY CIRCLE
DAVIE, FLORIDA 33328

VICTOR ROCHE
7441 SW 47TH AVENUE
MIAMI, FLORIDA 33141

CHRIS MARSH
6890 SW 79 TERRACE
MIAMI, FLORIDA 33143