

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # F94000001705**  
 1. Entity Name  
 TOP HAT ENTERTAINMENT INC.



**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business      Mailing Address  
 2078 BONISLE CIRCLE      2078 BONISLE CIRCLE  
 WEST PALM BEACH, FL 33418-6503      WEST PALM BEACH, FL 33418-6503



01232005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 65-0472711      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BALTIN, GWILDA  
 2078 BONISIE CIRCLE  
 WEST PALM BEACH, FL 33418

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVP BALTIN, AUBIE 2078 BONISLE CIRCLE WEST PALM BEACH, FL 334186503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BALTIN, GWILDA 2078 BONISLE CIRCLE WEST PALM BEACH, FL 334186503
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000271921  
 03/21/05-80068-009 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Guilba Baltin*      1/31/05    (561) 840-9767  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #