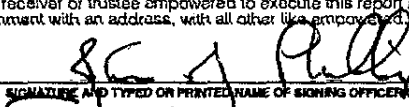


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000043403 1. Entity Name TICKETSFORFREE.COM INC.		
Principal Place of Business 5414 W. CRENSHAW ST. TAMPA, FL 33634	Mailing Address 5414 W. CRENSHAW ST. TAMPA, FL 33634	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent PHILLIPS, JOHN 5414 W. CRENSHAW ST. TAMPA, FL 33634		DO NOT WRITE IN THIS SPACE
6. 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)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	CEOS PHILLIPS, JOHN J JR 5414 W. CRENSHAW ST TAMPA, FL 33634	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PHILLIPS, ELIZABETH 5414 W. CRENSHAW ST TAMPA, FL 33634	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/7/05 813 885-3203 Date Daytime Phone #



04062005 No Chg-P CR2E034 (10/03)

4. FCI Number
04-3639028

Applied For
(Not Applicable)

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

000000297589
04/11/05-80036-006 150.00

**DO NOT WRITE
IN THIS SPACE**