


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90702 009 ***150.00

DOCUMENT # P02000091493

1. Entity Name
IN-FLIGHT ENTERTAINMENT NETWORK, INC.



Principal Place of Business Mailing Address

**1600 SW 2ND AVE.
 MIAMI, FL 33129** **1600 SW 2ND AVE.
 MIAMI, FL 33129**

2. Principal Place of Business 3. Mailing Address

600 E. Hallandale Beach Blvd **600 E. Hallandale Beach Blvd**

Suite, Apt. #, etc. Suite, Apt. #, etc.

626 **626**



04302004 Chg-P CR2E034 (10/03)

City & State City & State

Hallandale, Fl **Hallandale, Florida**

4. FEI Number Applied For

74-3058552 Not Applicable

Zip Country Zip Country

33009 **USA** **33009** **USA.**

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

6. Name and Address of Current Registered Agent

VILLEGAS, SANTIAGO
1600 SW 2ND AVE.
MIAMI, FL 33129

7. Name and Address of New Registered Agent

Name **SANTIAGO VILLEGAS**

Street Address (P.O. Box Number is Not Acceptable)

600 E. Hallandale Beach Blvd.

City **Hallandale** FL Zip Code **33009**

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: **Santiago Villegas** **April 30/2004**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	VILLEGA, SANTIAGO	
STREET ADDRESS	1600 SW 2ND AVE.	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTIAGO VILLEGAS	
STREET ADDRESS	600 E. Hallandale Beach Blvd, #626	
CITY-ST-ZIP	Hallandale, Fl 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Santiago Villegas** **SANTIAGO VILLEGAS**

Signature and typed or printed name of signing officer or director Date Daytime Phone #