


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P06000060650</b> 1. Entity Name AMAZING EVENTS ENTERTAINMENT INC.	
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FILED

08 SEP 15 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 3618 SOUTH POINTE DR ORLANDO, FL 32822 US 7652	Mailing Address 3618 SOUTH POINTE DR ORLANDO, FL 32822 US
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2. Principal Place of Business - No P.O. Box # 7652 PANTHERA COURT Suite, Apt. #, etc.	3. Mailing Address 7652 PANTHERA COURT Suite, Apt. #, etc.
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08232008 Chg-P CR2E034 (12/06)

City & State ORLANDO FL	City & State ORLANDO FL	4. FEI Number 14-1968987	Applied For <input type="checkbox"/> Not Applicable
Zip 32822	Country US	Zip 32822	Country US

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

**6. Name and Address of Current Registered Agent**

LOCASCIO, FRANK  
~~3618 SOUTH POINTE DR~~ 7652 PANTHERA COURT  
 ORLANDO FL, FL 32822

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 7652 PANTHERA COURT  
 City ORLANDO FL Zip Code 32822

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOCASCIO, FRANK <del>3618 SOUTH POINTE DR</del> 7652 PANTHERA CRT ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100136106791 09/18/08--01049--007 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] 9/12/08 Date (407) 927-9271

9/16/08