

FILED  
Apr 09, 2004 8:00 am  
Secretary of State

04-09-2004 90027 043 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P93000034510

1. Entity Name  
MSC ENTERTAINMENT, INC.



Principal Place of Business  
1600 A S W 3RD ST  
SECURITY GATE 5  
POMPANO BCH, FL 33069 US

Mailing Address  
5020 W ATLANTIC AVE  
DELRAY BCH, FL 33484 US

94048104



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3185659

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTER, AMELIA W  
5374 CROOKED OAK CIRCLE  
ST. CLOUD, FL 34771

Name

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

City

FL

Zip Code

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

*Amelia W. Carter*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/04

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 ☒ Delete  
NAME CARTER, MICHAEL SCOTT  
STREET ADDRESS 5020 W ATLANTIC AVE  
CITY-ST-ZIP DELRAY BCH, FL 33484

TITLE ☒ Change ☐ Addition  
NAME PRESIDENT  
CARTER, MICHAEL SCOTT  
STREET ADDRESS 5020 W. ATLANTIC AVE.  
CITY-ST-ZIP Delray Beach, FL 33484

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME V.P.  
CARTER, L. Brett  
STREET ADDRESS 5020 W. ATLANTIC AVE.  
CITY-ST-ZIP Delray Beach, FL 33484

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Michael Scott Carter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MICHAEL SCOTT CARTER

3/24/04 954-970-0133  
Date Daytime Phone #