


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000034166  
 1. Entity Name  
 ENTERTAINMENT NETWORK, INC.



Principal Place of Business 412 MADISON ST. 1000 TAMPA, FL 33602 US	Mailing Address 412 MADISON ST. 1000 TAMPA, FL 33602 US
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**DO NOT WRITE IN THIS SPACE**



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3341694	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 DOLAN, MARK  
 412 E MADISON ST #1000  
 TAMPA, FL 33602

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2004 Fee will be \$550.00**

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

U00000131892  
 04/27/04-80025-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARSHLACK, DAVID G 412 E MADISON ST #1000 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NICKERSON, LLOYD M 412 EAST MADISON #1000 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAMMILL, CHARLES B 412 EAST MADISON #1000 TAMPA, FL 33602
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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: Charles Hammill ST 4-21-09 (813) 223-3224  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #