


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000060650 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 <i>7652</i>	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	P <input type="checkbox"/> Delete LOCASCIO, FRANK
NAME	
STREET ADDRESS	3618 SOUTH POINTE DR 7652 PANTHERA CRT
CITY-ST-ZIP	ORLANDO, FL 32822
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	100136106791
CITY-ST-ZIP	09/18/08--01049--007 **150.00
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 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:  **9/12/08** Date **(407) 927-9271** Telephone #

9/16/08