

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000040577

**Entity Name:** RAINBOW ENTERTAINMENT, INC.**Current Principal Place of Business:**21710 US HIGHWAY 98  
DADE CITY, FL 33523**Current Mailing Address:**21710 US HIGHWAY 98  
DADE CITY, FL 33523 US**FEI Number:** 90-0692912**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KATZMAN CHANDLER, ATTORNEYS  
KATZMAN CHANDLER, ATTORNEYS  
1500 NW 62ND ST SUITE 408  
FT. LAUDERDALE, FL 33309 US*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.***SIGNATURE:** LEIGH KATZMAN

02/07/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                     |
|-----------------|---------------------|
| Title           | PRESIDENT           |
| Name            | WILLIAMS, PHYLLIS   |
| Address         | 21710 US HIGHWAY 98 |
| City-State-Zip: | DADE CITY FL 33523  |

|                 |                     |
|-----------------|---------------------|
| Title           | VP                  |
| Name            | RENNER, DAN         |
| Address         | 21710 US HIGHWAY 98 |
| City-State-Zip: | DADE CITY FL 33523  |

|                 |                        |
|-----------------|------------------------|
| Title           | TREASURER              |
| Name            | THOMSON, MICHAEL DAVID |
| Address         | 21710 US HIGHWAY 98    |
| City-State-Zip: | DADE CITY FL 33523     |

|                 |                     |
|-----------------|---------------------|
| Title           | SECRETARY           |
| Name            | COCHRAN, CRAIG      |
| Address         | 21710 US HIGHWAY 98 |
| City-State-Zip: | DADE CITY FL 33523  |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MICHAEL THOMSON

TREASURER

02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date