

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90319 004 ***150.00

DOCUMENT # 232713

1. Entity Name
SEAESCAPE ENTERTAINMENT, INC.



Principal Place of Business

**3045 N FEDERAL HWY
THE LANDMARK BLDG
FORT LAUDERDALE, FL 33306 US**

Mailing Address

**3045 N FEDERAL HWY
THE LANDMARK BLDG
FORT LAUDERDALE, FL 33306 US**

94050197



03302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1028957

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LAW OFFICES OF JUDITH A. JARVIS, P.A.
1260 EAST OAKLAND PARK BLVD., #200
FT. LAUDERDALE, FL 33334-4418**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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

TITLE	PD
NAME	BAETZ, DOUGLAS R
STREET ADDRESS	1260 E OAKLAND PARK BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	SETD
NAME	GALLANT, GLENN M
STREET ADDRESS	1260 E OAKLAND PARK BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	CHD
NAME	HOFMEISTER, C D
STREET ADDRESS	3045 N FEDERAL HWY -
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

, Secretary

4/1/04

(954) 630-0001

Date

Daytime Phone #