

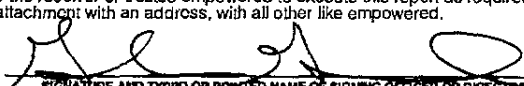


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 29, 2005 08:00 AM
Secretary of State**

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	
DO NOT WRITE IN THIS SPACE			
			
		04182005 No Chg-P CR2E034 (1Q/03)	
4. FEI Number 65-1028957		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAETZ, DOUGLAS R 1260 E OAKLAND PARK BLVD FORT LAUDERDALE, FL 33334		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SETD GALLANT, GLENN M 1260 E OAKLAND PARK BLVD FORT LAUDERDALE, FL 33334		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHD HOFMEISTER, C D 3045 N FEDERAL HWY 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			
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: 		9-18-05 954-453-2200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Glenn M. Gallant		Date Daytime Phone #	