

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000005481 1. Entity Name COREY ENTERTAINMENT, INC.						FILED 04 JUN 30 AM 3:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4007 CLAIRMONT RD. ATLANTA, GA 30341				Mailing Address 4007 CLAIRMONT RD. ATLANTA, GA 30341			
2. Principal Place of Business 225 COREY CENTER S.E.				3. Mailing Address 225 COREY CENTER S.E.			
Suite, Apt. #, etc. SUITE 1				Suite, Apt. #, etc. SUITE 1			
City & State ATLANTA, GEORGIA				City & State ATLANTA, GEORGIA			
Zip 30312		Country FULTON		Zip 30312		Country FULTON	
4. FEI Number 58-1681429				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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 700039336307 07/20/04--01027--012 **150.00 City FL Zip Code			
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: <u>MARY R. ADAMS</u> MARY R. ADAMS <u>6/18/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent must be a resident of the State of Florida.)</small> ASSISTANT SECRETARY <small>DATE</small>							
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE C <input type="checkbox"/> Delete NAME COREY, WILLIAM E STREET ADDRESS 4007 CLAIRMONT RD. CITY-ST-ZIP ATLANTA, GA 30341				TITLE C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME COREY, WILLIAM E. STREET ADDRESS 225 COREY CENTER S.E. CITY-ST-ZIP ATLANTA, GA 30312			
TITLE P <input type="checkbox"/> Delete NAME SMITH, DIANE STREET ADDRESS 4007 CLAIRMONT RD. CITY-ST-ZIP ATLANTA, GA 30341				TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME SMITH, DIANE STREET ADDRESS 225 COREY CENTER S.E. CITY-ST-ZIP ATLANTA, GEORGIA 30312			
TITLE V <input type="checkbox"/> Delete NAME COTTER, EDDIE STREET ADDRESS 4007 CLAIRMONT RD. CITY-ST-ZIP CHAMBLEE, GA 30341				TITLE V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME COTTER, EDDIE STREET ADDRESS 225 COREY CENTER S.E. CITY-ST-ZIP ATLANTA, GEORGIA 30312			
TITLE S <input type="checkbox"/> Delete NAME BANKS, ANGELIA STREET ADDRESS 4007 CLAIRMONT RD. CITY-ST-ZIP CHAMBLEE, GA 30341				TITLE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME BANKS, ANGELIA STREET ADDRESS 225 COREY CENTER S.E. CITY-ST-ZIP ATLANTA, GEORGIA 30312			
TITLE AS <input type="checkbox"/> Delete NAME RICKERT, KENNETH W STREET ADDRESS 4007 CLAIRMONT RD. CITY-ST-ZIP CHAMBLEE, GA 30341				TITLE AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME RICKERT, KENNETH W STREET ADDRESS 225 COREY CENTER S.E. CITY-ST-ZIP ATLANTA, GEORGIA 30312			
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)(l), 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: <u>Kenneth W. Rickert</u> 6/1/04 404/419-9277 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>							