2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2004
Secretary of State

DOCUMENT# F02000000125

Entity Name: STR8 UP ENTERTAINMENT, INC.

Current Principal Place of Business:

8737 DARLINGTON DRIVE
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

8737 DARLINGTON DRIVE
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 59-3751543 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LETTSOME, MELVILLE
8737 DARLINGTON DRIVE
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: LETTSOME, MELVILLE
Address: 8737 DARLINGTON DRIVE
City-St-Zip: JACKSONVILLE, FL

Title: S ( ) Delete
Name: LETTSOME, SONIA
Address: 8737 DARLINGTON DRIVE
City-St-Zip: JACKSONVILLE, FL

Title: T ( ) Delete
Name: LETTSOME, ANDY
Address: 8737 DARLINGTON DRIVE
City-St-Zip: JACKSONVILLE, FL

Title: V ( ) Delete
Name: LETTSOME, ELVIS
Address: 15291 SW 139TH COURT
City-St-Zip: MIAMI, FL

Title: VD ( ) Delete
Name: LETTSOME, MARSHA
Address: 928 BRANDYWINE STREET
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MELVILLE LETTSOME PCD 05/01/2004

Electronic Signature of Signing Officer or Director — Date