2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # F02000001257 06-01-2004 90005 014 ***150.00 1. Entity Name FISHTALE ENTERTAINMENT INC. Principal Place of Business Mailing Address 700 MANATEE BAY DRIVE 700 MANATEE BAY DRIVE 54056087 **BOYNTON BEACH, FL 33435** BOYNTON BEACH, FL 33435 2. Principal Place of Business 3. Mailing Address 9688 Porta <u>Same</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 03182003 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 41-1968084 Not Applicable Žip Country Country \$8.75 Additional West Elm Bo 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHINANDER, DAN Street Address (P.O. Box Number is Not Acceptable) 700 MANATEE BAY DRIVE BOYNTON BEACH, FL 33435 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 Daniel W. Chinander \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PC ☐ Delete TITLE TIN F ta leona lane CHINANDER, DANIEL W NAME NAME 700 MANATEE BAY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33435 CITY-ST-ZIP vvcs TITLE Delete TITLE CHINANDER, DEBRAH L NAME NAME STREET ADDRESS 800 MANATEE BAY DRIVE STREET ADORESS each. 71 33437 BOYNTON BEACH, FL. 33435 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CMY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Defete ПΠЕ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 protection 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/fixe eyrlpowered. SIGNATURE:

FILED

Jun 01, 2004 8:00 am