

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 15, 2005 08:00 AM
Secretary of State**

DOCUMENT # F04000006719

1. Entity Name
ENTERTAINMENT PUBLICATIONS, INC.



Principal Place of Business

**1414 E. MAPLE ROAD
TROY, MI 48083-4019**

Mailing Address

**1414 E. MAPLE ROAD
TROY, MI 48083-4019**



03292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-1706386

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	BITTKER, ALAN
STREET ADDRESS	1414 E MAPLE ROAD
CITY- ST- ZIP	TROY, MI 480834019
TITLE	CFOT
NAME	STASSEN, ED
STREET ADDRESS	1414 E MAPLE ROAD
CITY- ST- ZIP	TROY, MI 480834019
TITLE	SVP
NAME	AUFDEMBERG, ANGELA
STREET ADDRESS	1414 E MAPLE ROAD
CITY- ST- ZIP	TROY, MI 480834019
TITLE	CAT
NAME	BERRY, SANDY
STREET ADDRESS	1414 E MAPLE ROAD
CITY- ST- ZIP	TROY, MI 480834019
TITLE	VPS
NAME	CLEVELAND, CAMILLE
STREET ADDRESS	1414 E MAPLE ROAD
CITY- ST- ZIP	TROY, MI 480834019
TITLE	CMO
NAME	LOOS, STEVEN
STREET ADDRESS	1414 E MAPLE ROAD
CITY- ST- ZIP	TROY, MI 480834019

**DO NOT WRITE
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)(f), 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

Date

Daytime Phone #

4/8/05

248-404-1398