['] 2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 31, 2004 08:00 AM Secretary of State **DOCUMENT # F61498** COLÉ BROTHERS CIRCUS, INC. Mailing Address Principal Place of Business 713 SOUTH ORANGE AVENUE 713 SOUTH ORANGE AVENUE SARASOTA, FL 34236 SARASOTA, FL 34236 DO NOT WRITE IN THIS SPACE 01122004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 59-2161552 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent A SALE OF THE SECOND STATE MERCURIO, JOHN J. DO NOT WRITE 713 SOUTH ORANGE AVENUE SARASOTA, FL 34236 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME PUGH, JOHN 47 FLOWING WELL RD STREET ADDRESS CITY-ST-ZIP DELAND, FL. TITLE MERCURIO, JOHN NAME STREET ADDRESS 713 S. ORANGE AVE CITY-ST-ZIP SARASOTA, FL TITLE The state of the s NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04

941)953-458

Daytime Phone #

FILED