

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90012 007 ***150.00

DOCUMENT # F94000001705					
1. Entity Name TOP HAT ENTERTAINMENT INC.					
Principal Place of Business 2078 BONISLE CIRCLE WEST PALM BEACH, FL 33418-6503			Mailing Address 2078 BONISLE CIRCLE WEST PALM BEACH, FL 33418-6503		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0472711	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BALTIM, GWILDA 1125 VIA JARDIN PALM BEACH GARDENS, FL 33418			Name <u>BALTIM, GWILDA</u> Street Address (P.O. Box Number is Not Acceptable) <u>2078 BONISLE CIRCLE</u> City <u>WEST PALM BEACH</u> <u>FL</u> Zip Code <u>33418</u>		
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>Gwilda Baltin</u> <u>GWILDA BALTIM</u> <u>2/1/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP BALTIM, AUBIE 2078 BONISLE CIRCLE WEST PALM BEACH, FL 334186503	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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>Gwilda Baltin</u> <u>GWILDA BALTIM</u> <u>2/1/04</u> <u>(561) 840-9167</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					