## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 18, 2007 08:00 AM **DOCUMENT # G41283** Secretary of State 1. Entity Name ISE SCREAM, INC. Principal Place of Business Mailing Address **625 DUVAL STREET 625 DUVAL STREET** KEY WEST, FL 33040 KEY WEST, FL 33040 No Cha-P 01112007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2311931 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MENDOLA, CHARLES **625 DUVAL STREET** KEY WEST, FL 33040 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing U00000591630 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE NAME MENDOLA, CHARLES 625 DUVAL ST STREET ADDRESS CITY-ST-ZIP KEY WEST, FL 00000 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 oathy that I am an officer or director of the corporation or the receiver or trustee empowered to exactly this report as resulted 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 the like empowered.

SIGNATURE: 🔀

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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**FILED**