2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 08:00 AM Secretary of State

	ANNUAL	REPORT			Secr	etary of State
1	MENT # H36423]	,5 5 5 5	
1. Entity Nar OCEAN	ENTERTAINMENT, INC.					
Principal Plac	ce of Business	Mailing Address		-		
4950 SOUTH PENINSULAR DRIVE 4950 SOUTH PENINSULAR D PONCE INLET, FL 32127 PONCE INLET, FL 32127			RIVE	I PROPERTY BITTS INTO	r Biffi Mieta ileva ilti alicii	BIOIR BION ALGAL BION BISHAM & 1201
						R2E034 (10/03)
Ľ	O NOT WRITE	IN THIS SPA	CE	4. FEI Number	········	Applied For
				59-248416		Not Applicable \$8.75 Additional
, <u>10 0 0</u>			<u> </u>	5. Certificate of S	tatus Desired [Fee Required
}	6. Name and Address of Current	Registered Agent	Harry of the comment of the com-	- market before the second of the		manda a gualligi ya di ili bisi baka makazi ya a sa ta bisi ba nii sayaya sa
	S, DONALD E., ESQUIRE RIDGEWOOD AVE.			DO N	OT WR	TE
DAYTONA	A BEACH, FL 32114			IN TH	IIS SPA	ČE
	e named entity submits this statement for	the purpose of changing its register	ered office or register	ed agent, or both, in	the State of Florida.	I am familiar with, and accept
ine obliga	tions of registered agent.					
SIGNATURE	Signature, typed or printed name of registered agent a	and title il applicable (NOTE Registe	xed Agent signature required	when reinstating)		DATE
	.E NOWIII FEE IS \$150.00 lay 1, 2004 Fee will be \$550.0	9. Election Campaign Fin. Trust Fund Contribution		.00 May Be ed to Fees	U00000139 4/29/04-801	953 01-006 150.00
10.	OFFICERS AND	DIRECTORS	Espaina elipiral			
TITLE NAME	PD SCHAMMEL, CHARLES J.					
STREET ADDRESS	680 FERNCLIFF DR				الله الله المستوارية المستوارية المستوارية المستوارية المستوارية المستوارية المستوارية المستوارية المستوارية ا المستوارية المستوارية المستوارية المستوارية المستوارية المستوارية المستوارية المستوارية المستوارية المستوارية	
MITE	PORT ORANGE, FL 32127			اچى ئائىسچىدى، ئىيلارىيى شەرىۋە. ئارىدى	in a later of printing to the	
NAME STREET ADDRESS	SCHAMMEL, LAURA J 4950 S PENINSULA DR					
CITY-ST-ZIP	PONCE INLET, FL		- جو الاين الا الاين الاين ال	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	in the state of th	
TITLE NAME	VD KNERLER, STACY L					
STREET ADDRESS	4950 S PENNISULA DR			DO N	OT WR	
CITY-ST-ZIP	PONCE INLET, FL			The second se	Contract Con	**************************************
NAME	CULLEN, POLLY	•		IN IF	IIS SPA	GE
STREET ADORESS City-St-Zip	4950 S. PENINSULA DR. PONCE INLET, FL 32127					
TITLE			The state of the s	الى سىچېد د اد خات سخين به خانسور د	LLC Despet Bloom Better	الله المنظمية المنافع والمستقدم المنافقة المنافعة المنافعة المنافعة المنافعة المنافعة المنافعة المنافعة المنافعة
NAME Street address						
CITY-ST-ZIP				تغمينا المؤسند نعلتم مينا ولرزادات		ng gan alika di
TITLE NAME			: •			
STREET ADDRESS						A STATE OF S

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:

CITY-ST-ZP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

386-767-7676

Daytime Phone 4