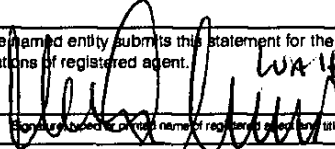
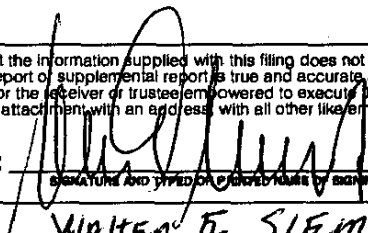


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90022 017 ***150.00

DOCUMENT # H99802 1. Entity Name SPLASH LOUNGES, INC.					
Principal Place of Business 8750 INTERNATIONAL DR ORLANDO, FL 32819 US			Mailing Address P O BOX 690802 ORLANDO, FL 32869 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01052004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 59-2633060	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALTER E. SIEMASH 10303 MANILA BAY DR. # 3305 ORLANDO, FL 32821				7. Name and Address of New Registered Agent Name WALTER E. SIEMASH Street Address (P.O. Box Number is Not Acceptable) 10303 MANILA BAY DR. City ORLANDO FL Zip Code 32821	
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. WALTER E. SIEMASH SIGNATURE  PRES 1/7/04 (NOTE: Registered Agent signature required when reissuing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD SIEMASH, WALTER E. 11428 BANNER CT 3305 ORLANDO, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIEMASH, WALTER E. 10303 MANILA BAY DR. ORLANDO, FL 32821	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEITZMAN, DIANE 10303 MAMILA BAY DR. ORLANDO, FL 32821	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIANE HEITLMAN 10303 MANILA BAY DR. ORLANDO, FL 32821	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 of 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: 			1/7/04 4073455219 Date Definite Phone #		

WALTER E. SIEMASH