
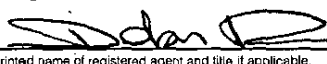



2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90284 025 ***150.00

0036960
AV

DOCUMENT # J71596					
1. Entity Name SECRET FORMULA ENTERTAINERS INC.					
Principal Place of Business 3992 NW 62 CT COCONUT CREEK FL 33073			Mailing Address 3992 NW 62 CT COCONUT CREEK FL 33073		
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 59-2815164	
				<input type="checkbox"/> CHECK HERE IF MAKING CHANGES Applied For <input type="checkbox"/> Not Applicable	
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		
FARR, GARY PRES. 5621 HAWKES BLUFF AVE. DAVIE FL 33331			Name DEBRA M. FARR		
			Street Address (P.O. Box Number is Not Acceptable) 3992 NW 62nd Ct		
			City Coconut Creek FL Zip Code 33073		
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></u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 8/11/03					
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D FARR, GARY <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5621 HAWKES BLUFF AVE.		NAME		
STREET ADDRESS	DAVIE FL		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D FARR, DEBRA M. <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3992 NW 62 CT		NAME		
STREET ADDRESS	COCONUT CREEK FL 33073		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date 8/11/03 Daytime Phone # 954-989-7206		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (4/03)

Attachment
Jack Di Traglia, CPA, PA

CERTIFIED PUBLIC ACCOUNTANT

MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

TENNESSEE SOCIETY OF CERTIFIED
PUBLIC ACCOUNTANTS

FLORIDA INSTITUTE OF CERTIFIED PUBLIC
ACCOUNTANTS

1831 HERITAGE PARK PLAZA
Murfreesboro, TN 37129

(615) 907-0444

FAX: (615) 907-1350

FL: (954) 962-7505

FL FAX: (954) 962-6255

July 28, 2003

Division of Corporations
Uniform Business Report Filings
P O Box 1500
Tallahassee, Fl. 32302-1500

Re: Secret Formula Entertainers, Inc.
Document #:J71596

Dear Sir/Madam:

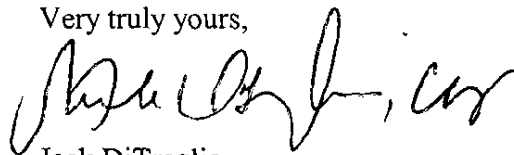
Enclosed is the 2003 Uniform Business Report for the above mentioned corporation.

According to our clients records, this form has always been submitted and amount due paid in a timely manner. Approximately 8 months ago, my client completed a change of address form with the post office for this corporation. As a result of this change, the original form for year 2003 was never received by the stockholders, and therefore, not filed in a timely manner. My client now has all records changed to reflect the new address and will continue, as they have always done in the past, to file and pay any tax due in a timely manner.

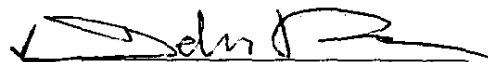
We respectfully request the penalties be abated in this matter due to the reasonable cause as stated above. Enclosed you will find a check for the original amount due of \$150.00.

Thank you for your cooperation in this matter.

Very truly yours,



Jack DiTraglia
Certified Public Accountant



Debra Farr, Stockholder