2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 27, 2006 08:00 AM **DOCUMENT # L02024** 1. Entity Name **Secretary of State** ENTERTAINMENT AGENTS, INC. Principal Place of Business Mailing Address **620 TIBIDABO AVENUE** PO BOX 43-1045 CORAL GABLES, FL 33143 MIAMI, FL 33243 01062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0139251 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FRIEDMAN, RONNIE DO NOT WRITE **620 TIBIDABO AVENUE** CORAL GABLES, FL 33143 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstaling) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. D TITIF NAME FRIEDMAN, RONNIE STREET ADDRESS **620 TIBIDABO AVENUE** CITY-ST-ZIP CORAL GABLES, FL U00000403175 //RZ/NR-8MN36-023 150.00 TITLE NAME STREET ADDRESS CRY-57-7/P TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CRTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 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: Long Friedman Larry FRIEDMAN 1/23/06 (305)666-1363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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