

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-12-2004 90028 033 ***158.75

DOCUMENT # L17255

1. Entity Name

ENTERTAINMENT DESIGNERS NETWORK, INC.



Principal Place of Business

3460 CREWS LAKE DRIVE
LAKELAND FL 33813-3914
US

Mailing Address

3460 CREWS LAKE DRIVE
LAKELAND FL 33813-3914
US

2. Principal Place of Business

241 CR 545

3. Mailing Address

P.O. Box 1630

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bushnell, FL.

Bushnell, FL.

City & State

City & State

33513 - 0088

33513 - 0088

Zip

Country

USA

Zip

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

59-2973466

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASHMAN, BENDER Z., JR.
3460 CREWS LAKE DRIVE
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name: Dudley K. Burchill

Street Address (P.O. Box Number is Not Acceptable)

241 CR 545

BUSHNELL, FL.

City

FL

Zip Code

33513

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

Dudley K. Burchill

2/8/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME CASHMAN, BENDER Z., JR. ☒ Delete
STREET ADDRESS 3460 CREWS LAKE DRIVE
CITY-ST-ZIP LAKELAND FL

TITLE ST
NAME CASHMAN, EDITH C. ☒ Delete
STREET ADDRESS 3460 CREWS LAKE DRIVE
CITY-ST-ZIP LAKELAND FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME Dudley K. Burchill ☒ Change ☐ Addition
STREET ADDRESS 241 CR 545
CITY-ST-ZIP BUSHNELL, FL. 33513

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Dudley K. Burchill

2/8/04

(352) 568-0102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #