

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90041 042 ***150.00

DOCUMENT # L39573

1. Entity Name
ENTERTAINMENT INTERNATIONAL, INC.



Principal Place of Business
**18565 KINGBIRD DR.
LUTZ, FL 33558-2710 US**

Mailing Address
**18565 KINGBIRD DR.
2004 W BUSCH BLVD
LUTZ, FL 33558-2710 US**

54003259



2. Principal Place of Business

3. Mailing Address
18565 KINGBIRD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302004

Chg-P

CR2E034 (10/03)

City & State

City & State
Lutz, FL

4. FEI Number
59-2986252

Applied For
Not Applicable

Zip

Country

Zip
33558-2710

Country
US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHEAT, ANTOINETTE J
2004 W BUSCH BLVD
TAMPA, FL 33612-7568**

Name

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

City

FL

Zip Code

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 reinstating)

DATE

**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

TITLE **PTD** ☐ Delete
NAME **BELKNAP, CHARLES ROBERT**
STREET ADDRESS **18565 KINGBIRD DR**
CITY-ST-ZIP **LUTZ, FL**

TITLE **SVD** ☐ Delete
NAME **PETERSEN, TONNY HJORT**
STREET ADDRESS **3505 MAXTON TRAIL**
CITY-ST-ZIP **WINSTON-SALEM, NC**

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

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

TITLE ☐ Change ☐ Addition
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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: **Charles R. Belknap** **CHARLES R. BELKNAP** 02/02/04 (813) 961-6693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #