

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # M99209
1. Entity Name
SOUTHERN ENTERTAINMENT COMPANY OF FLORIDA,
INC.



Principal Place of Business Mailing Address
3675 S FEDERAL HWY 3675 S FEDERAL HWY
BOYNTON BEACH, FL 33435 BOYNTON BEACH, FL 33435

DO NOT WRITE IN THIS SPACE



01262007 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 65-0074649 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

HOWARD N KAHN PA
4000 HOLLYWOOD BLVD --
400 NORTH
HOLLYWOOD, FL 33021

**DO NOT WRITE
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 _____ DATE _____
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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution **\$5.00** May Be
Added to Fees

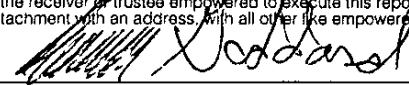
U00000633709
02/21/07-60073-012 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GODDARD, NORMAN S 3675 S FEDERAL HWY BOYNTON BEACH, FL 33435 |
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IN THIS SPACE**

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 empowerment.

SIGNATURE:  **Pass.** **2-8-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #