2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # M99209

SOUTHERN ENTERTAINMENT COMPANY OF FLORIDA.

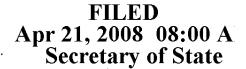
INC.



Principal Place of Business

3675 S FEDERAL HWY BOYNTON BEACH, FL 33435 Mailing Address

3675 S FEDERAL HWY BOYNTON BEACH, FL 33435





DO NOT WRITE IN THIS SPACE

03152008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 65-0074649 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

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						
Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) OATE.						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TRILE NAME STREET ADDRESS CITY-ST-ZIP	P GODDARD, NORMAN S 3675 S FEDERAL HWY BOYNTON BEACH, FL 33435				U00000sosss1	
NAME STREET ADDRESS CITY-ST-ZIP					95/06/08-80035-021 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE						

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes | 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 each; that I am an officer or director of the corporation or the receivery trustee empowers to execute this report as fedured by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment

SIGNATURE:

STREET ADDRESS CITY - ST - ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP

IGNING OFFICER OR DIRECTOR

Daylime Phone #