2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Feb 28, 2005 08:00 AM DOCUMENT # N00000006015 **Secretary of State** 1. Entity Name PARADISE BIG BAND, INC. Mailing Address Principal Place of Business 22931 BLACKBEARD LANE 22931 BLACKBEARD LANE CUDJOE KEY FL 33042 CUDJOE KEY FL 33042 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicab! Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired M Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DALLAS, JOE Street Address (P.O. Box Number is Not Acceptable) 22931 BLACKBEARD LANE CUDJOE KEY FL 33042 City 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, egistered agent and tille if egglicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. HILE Addibit TITLE ☐ Delete DALLAS, JOE NAME NAME 22931 BLACKBEARD LANE STREET ADDRESS STHEE | ADDRESS CUDJOE KEY FL 33042 CITY-ST-ZIP CITY-ST-ZIP 1000000246431 THUE Change Addilia FITLE ☐ Delete DALLAS, DONNA 0///8/05-80065-021 70.00 NAME NAME 22931 BLACKBEARD LANE STREET ADDRESS STREET ADDRESS CUDJOE KEY FL 33042 CITY-ST-ZIP CLTY-ST-ZIP D ☐ Delete THUE Change Additio HILE FADEN, DAVE NAME NAME 225 PALMETTO AVE STREET ADDRESS STREET ADDRESS BIG PINE KEY FL 33043 CITY - ST - ZIP CITY-ST-ZIP TITLE Delete THE ☐ Change Additio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition ME TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP THLE ☐ Delete TITLE ☐ Change ___ Additio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 in

FILED