

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90116 049 \*\*\*\*61.25

**DOCUMENT # N97000000810**

1. Entity Name  
**FUN GENERATION, INC.**



Principal Place of Business  
**636 WEST EVANSTON CIRCLE  
FORT LAUDERDALE, FL 33312**

Mailing Address  
**636 WEST EVANSTON CIRCLE  
FORT LAUDERDALE, FL 33312**

**54071873**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08302004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**65-0734026**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**IRISH, ANTHONY G  
636 WEST EVANSTON CIRCLE  
FORT LAUDERDALE, FL 33312**

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

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME IRISH, ANTHONY G  
STREET ADDRESS 636 WEST EVANSTON CIRCLE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

TITLE ☐ Change ☐ Addition  
NAME **M Anthony Irish**  
STREET ADDRESS **(same address)**  
CITY-ST-ZIP

TITLE PD ☒ Delete  
NAME LAWRENCE, LESLEY ANN  
STREET ADDRESS 7030 SW 26 STREET  
CITY-ST-ZIP MIRAMAR, FL 33023

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

TITLE SD ☐ Delete  
NAME IRISH, SANDRA  
STREET ADDRESS 636 W. EVANSTON CIRCLE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

TITLE ☒ Change ☐ Addition  
NAME **Sandra Irish**  
STREET ADDRESS **(same address)**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Harold Benoit**  
STREET ADDRESS **6597 Racquet Club Dr.**  
CITY-ST-ZIP **Lauderhill, FL 33319**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Liat Telesford**  
STREET ADDRESS **P.O. Box 770573**  
CITY-ST-ZIP **Coral Springs, FL 33077**

TITLE ☐ Delete  
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 617, 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:

*Sandra Irish, Treasurer*

8/31/04 984-693-1018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #