


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2004 8:00 am
Secretary of State

07-01-2004 90001 035 ***150.00

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| DOCUMENT # P00000031715 |  |
| 1. Entity Name IMANI ENTERTAINMENT INC. | |

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| Principal Place of Business 1836 N. CRYSTAL LAKE DR. # 56 LAKELAND, FL 33801 | Mailing Address 1836 N. CRYSTAL LAKE DR. # 56 LAKELAND, FL 33801 |
|---|---|

34059416



03282003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-3632238 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent BAILEY, HORACE 1836 N CRYSTAL LAKE DRIVE APT #56 LAKELAND, FL 33801 | DO NOT WRITE IN THIS SPACE |
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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** _____

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| FILE NOW!! FEE IS \$550.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD WILLIAMS, DEAUNDRE L 922 OSCEOLA STREET LAKELAND, FL 33801 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD ODOM, TYSON T 610 W PONDEROSSA DRIVE LAKELAND, FL 33809 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD BAILEY, HORACE 1836 N CRYSTAL LAKE DRIVE, APT #56 LAKELAND, FL 33801 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD ODOM, RUSSELL E 610 W PONDEROSSA DRIVE LAKELAND, FL 33809 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

DO NOT WRITE IN THIS SPACE

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: Horace Bailey **6-1-04 863 666-5645**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #