2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000076953

SAMUELS, HERALDO

PLANTATION, FL 33317

4141 N W 5TH ST

Name:

Address:

City-St-Zip:

FILED Feb 10, 2004 Secretary of State

Entity Nar	ne: ZONEE	NTERTAINMENT USA, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
	5TH ST., #104 ON, FL 3331						
Current Mailing Address:				New Mailing Address:			
	5TH ST., #104 ON, FL 3331						
FEI Number:	05-0538034	FEI Number Applied For ()	FEI Num	nber Not Appli	icable ()	Certificate of Status Desired	()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
				4141 NW 5 SUITE 104	ESON & ASS TH STREET ON, FL 3331		
The above in the State		submits this statement for the	e purpose of	f changing it	ts registered	office or registered agent, o	r both,
SIGNATUR	RE: MICHAE	L A AITCHESON				02/10/2004	
	Electro	nic Signature of Registered A	gent			Date	
Election Can	npaign Financir	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P (DUNCAN, MUF 4141 N W 5TH PLANTATION,	ST		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (DEHANEY, AN 4141 N W 5TH PLANTATION,	ST		Title: Name: Address: City-St-Zip:	S (X DEHANEY, AN 4141 N W 5TH PLANTATION,	l ST	
Title: Name: Address: City-St-Zip:	S (HENRY, LINNE 4141 N W 5TH PLANTATION,	ST		Title: Name: Address: City-St-Zip:	VP (X DYER, JOHN 4141 N W 5TH PLANTATION,		
Title:	S ()	() Delete		Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MURINE DUNCAN Ρ 02/10/2004