


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000100422 1. Entity Name NATIONAL COMEDY HALL OF FAME, INC.	
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Principal Place of Business 9011 PARK BLVD, #202 SEMINOLE, FL 33777	Mailing Address 9011 PARK BLVD, #202 SEMINOLE, FL 33777
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07052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3688840	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CRAWFORD, BRUCE 9800 4TH ST, STE 403 ST PETERSBURG, FL 33702	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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and fee if applicable

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BELMONT, TONY 9011 PARK BLVD, #202 SEMINOLE, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT DOULOU, DEAN 9011 PARK BLVD, #202 SEMINOLE, FL 33777
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

07/12/05-20003-001

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: Tony Belmont Tony Belmont Pres. 7/7/05 (727) 319-0666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR