2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000115395

Title:

Name:

Address:

City-St-Zip:

FILED May 02, 2004 Secretary of State

Entity Name: NEW MILLENNIUM ENTERTAINMENT, INC. **Current Principal Place of Business: New Principal Place of Business:** 183 LAKEBREEZE CIRCLE LAKE MARY, FL 32746 **Current Mailing Address: New Mailing Address:** 183 LAKEBREEZE CIRCLE LAKE MARY, FL 32746 FEI Number: 63-1447896 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BONO, SHEILA B 183 LAKEBREEZE CIRCLE LAKE MARY, FL 32746 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: TRES () Delete () Change () Addition KIMBERLY, KINTNER B Name: Name: 877 ARBORMOOR PLACE Address: Address: City-St-Zip: LAKE MARY, FL 32746 US City-St-Zip: Title: Title: () Delete (X) Change () Addition BONO, MICHAEL L SR. BONO, MICHAEL L SR. Name: Name: 851 MANDAN CT. 510 MANDAN CT. Address: Address: LAKE MARY, FL 32746 US LAKE MARY, FL 32746 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition BONO, MICHAEL L JR. Name: Name: 183 LAKEBREEZE CIRCLE Address: Address: City-St-Zip: LAKE MARY, FL 32746 US City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: MICHAEL L BONO, SR. 05/02/2004

() Delete

LAKE MARY, FL 32746 US

BONO, SHELIA B

851 MANDAN CT.

(X) Change () Addition

BONO, SHELIA B

510 MANDAN CT.

LAKE MARY, FL 32746 US