

2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/6

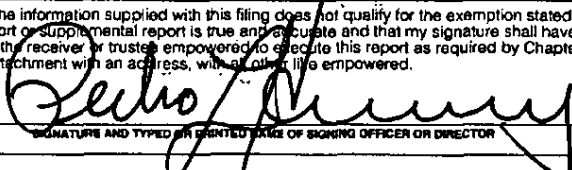
FILED
Jul 30, 2004 8:00 am
Secretary of State

05-06-2004 90169 039 ***150.00

66431034



05032004 Chg-P CR2E034 (10/03)

DOCUMENT # P00000116489					
1. Entity Name VISION ONE ENTERTAINMENT INC.					
Principal Place of Business 1002 SW 84 AVENUE MIAMI, FL 33144			Mailing Address 1002 SW 84 AVENUE MIAMI, FL 33144		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR 65-1127606	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HERNANDEZ, PEDRO L. 1002 SW 84TH AVE MIAMI, FL 33144				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, PEDRO L 1002 SW 84 AVE MIAMI, FL 33144 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 info empowered.					
SIGNATURE: 			5/2/04 305-968-8962		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

FTD ADDRESS CHANGE

An address change here changes your address on the FTD coupons only.

TEAR OFF HERE

New Address _____
City _____ State _____ Zip _____
Telephone Number () _____

Do not write beyond this line

Employer Identification Number (EIN)

OMB No. 1545-0257

65-1127606 092212 4 3

VISION ONE ENTERTAINMENT INC
% PEDRO L HERNANDEZ
1002 SW 84TH AVE
MIAMI FL 33144-4116

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INTERNAL REVENUE SERVICE CENTER
HOLTSVILLE, NY 00501

Send FTD Address Change and correspondence to the IRS address above.

Form 8109-C (Rev. 12-2002)

Attachment 66431034

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