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

DOCUMENT # P00000116489

1. Entity Name
VISION ONE ENTERTAINMENT INC.

Principal Place of Business	Mailing Address
1002 SW 84 AVENUE MIAMI, FL 33144	1002 SW 84 AVENUE MIAMI, FL 33144

66431004

05032004 Chg-P CR2E034 (10/03)

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 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HERNANDEZ, PEDRO L. 1002 SW 84TH AVE MIAMI, FL 33144	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (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
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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 like empowered.

SIGNATURE: Pedro L Hernandez 5/2/04 305-968-8162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TEAR OFF HERE

FTD ADDRESS CHANGE

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

New Address _____

_____

_____

City _____

State _____ Zip _____

Telephone Number ( ) _____

Do not write beyond this line

Form 8109-C (Rev. 12-2002)

Employer Identification Number (EIN) OMB No. 1545-0257

65-1127606 092212 4 3

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

INTERNAL REVENUE SERVICE CENTER
HOLTSVILLE, NY 00501

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

Attachment 66#310334

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