

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000014202

1. Entity Name
AMERICA'S FUNNIEST DIRTY JOKE'S, INC.



Principal Place of Business
275 NE 48 STREET
POMPANO BEACH, FL 33064

Mailing Address
275 NE 48 STREET
POMPANO BEACH, FL 33064

FILED
Apr 22, 2004 08:00 AM
Secretary of State



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1083328

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAYDEN, JOSEPH
2813 NE 16 AVENUE
WILTON MANORS, FL 33334

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAYDEN, JOSEPH
STREET ADDRESS	2813 NE 16 AVENUE
CITY - ST - ZIP	WILTON MANORS, FL 33334
TITLE	VD
NAME	GREENBERG, STEVEN
STREET ADDRESS	532 NORTH ROSSMORE AVENUE
CITY - ST - ZIP	LOS ANGELES, CA 90004
TITLE	T
NAME	HAYDEN, MICHAEL
STREET ADDRESS	2813 NE 16 AVE
CITY - ST - ZIP	WILTON MANORS, FL 33334
TITLE	S
NAME	GREENBERG, GARY
STREET ADDRESS	398 PINE CIR
CITY - ST - ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

UN00000125565
04/22/04-80089-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04

954 6986509

Date

Daytime Phone #