

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000014202

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



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

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

Mailing Address
**275 NE 48 STREET
POMPANO BEACH, FL 33064**



04082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FET Number 65-1083328	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

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

UN0000125565
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 119.07(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 AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/04 954 698 6509