

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90038 046 \*\*\*158.75

DOCUMENT # P01000030861

1. Entity Name

SIREN ENTERTAINMENT INC.



Principal Place of Business

18196 3RD STREET EAST  
REDINGTON SHORES FL 33708

Mailing Address

18196 3RD STREET EAST  
REDINGTON SHORES FL 33708

94047855



MOORE

CR2E034 (11/03)

2. Principal Place of Business

18196 3rd St E  
Suite, Apt. #, etc.  
Redington Shores  
City & State  
Fla

3. Mailing Address

18196 3rd St E  
Suite, Apt. #, etc.  
Redington Shores  
City & State  
Fla

4. FEI Number

59-3707946

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent



Ms. Jamie Knight  
18196 3rd St. East  
Redington Beach, FL 33708

7. Name and Address of New Registered Agent

Name

Jamie Knight

Street Address (P.O. Box Number is Not Acceptable)

18196 3rd St E

Redington Shores Fla

City

FL

Zip Code

33708

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

Jamie Knight

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/5/04

DATE

**FILE NOW!!! FEE IS \$150.00**

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

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing

Trust Fund Contribution.

☐ \$5.00 May-De

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
KNIGHT, JAMIE J  
18196 3RD STREET EAST  
REDINGTON SHORES FL 33708 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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☐ 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:

Jamie Knight

Jamie Knight

4/5/04

727-319-2456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #