2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 02, 2005 8:00 am Secretary of State



05-02-2005 90533 007 ***150.00 DOCUMENT # P01000034784 J.N. ENTERTAINMENT & PRODUCTIONS INC. Principal Place of Business Mailing Address 50046194 50 SW 10TH STREET 185 SE 14TH TERRACE #1402 #2010 MIAMI, FL 33131 MIAMI, FL 33130 2. Principal Place of Business
4481 SW 5th Street 3. Mailing Address 4481 SW 5theed Suite, Apt. #, etc. Suite, Apt. #, etc 04292005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For FWR101 FURION MICAMI. HIAMI 65-1091757 Not Applicable 33134 Zip Country \$8.75 Additional 5. Certificate of Status Desired 33134 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NAUNI, JUSE L. NANNI, JOSE L Street Address (P.O. Box Number is Not Acceptable) 50 SW 10TH ST. #1402 4481 Sw 5th Street MIAMI, FL 33130 City MIRMI, FLOKIDA Zip Code 33/34 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. 04-29-05 Signature, typed or a miled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change TITLE Delete TITLE ☐ Addition NANNI, JOSE L. NANNI, JOSE L NAME NAME 4481 SW 55 STREET STREET ADDRESS 50 SW 10TH ST. #1402 STREET ADDRESS MIAMI, FUR 10A 33134 CITY-ST-ZIP MIAMI, FL 33130 CITY-ST-7IP VΡ TITLE TITLE ☐ Change ☐ Addition Delete NAWNI, MAURICIO NANNI, MAURICIO NAME NAME 3/31 SW 21 % Tenace HIAMI, FLORIDA 33145 STREET ADDRESS 50 SW 10TH ST. #1402 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33130 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition TNAUNI, DARCO F. NANNI, DARLO F 4481 SW 5th Street MIAMI, FL 33134 NAME NAME STREET ADDRESS 50 SW 10TH ST. #1402 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33130 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE nne NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

LATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-ar

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