2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 08:00 AM Secretary of State

DOCUMENT # PQ1000037964 1. Entity Name DENNY ZAVETT ENTERTAINMENT, INC.				Secretary of Stat
Principal Place of Business Mailing Address 6164 MASTERS BLVD. 6164 MASTERS BLVD. ORLANDO, FL 32819 ORLANDO, FL 32819				
DO NOT WRITE IN THIS SPACE 5. Name and Address of Current Registered Agent				02232004 No Chg-P CR2E034 (10/03) 4. FEI Number
ZAVETT, DENNIS 6164 MASTERS BLVD. ORLANDO, FL 32819			-	DO NOT WRITE IN THIS SPACE
3. 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, typied or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reliation) DATE				
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		5.00 May Be dided to Fees
10.	OFFICERS AND DI	RECTORS	I	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAVETT, DENNIS 6164 MASTERS BLVD. ORLANDO, FL 32819		-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAVETT, ANNE S 6164 MASTERS BLVD. ORLANDO, FL 32819	•• .		04/26/04-80025-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby indicated	certify that the Information supplied with the fon this report or supplemental report is true.	is filling does not qualify for the exe ue and accurate and that my signa	mption stated in Se ture shall have the	Section 119.07(3)(i), Florida Statures. I further certify that the information e same legal effect as if made under oath, that I am an officer or director

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

ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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