

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000038164</b> 1. Entity Name ALWAYS LIVE ALWAYS DIFFERENT ENTERTAINMENT, INC.		
Principal Place of Business 1095 NW 58TH TERR MIAMI, FL 33127	Mailing Address 1095 NW 58TH TERR MIAMI, FL 33127	
<b>DO NOT WRITE IN THIS SPACE</b>		
 01152004 No Chg-P CR2E034 (10/03)		
4. FEI Number 65-1100730		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  VEARGIS, BERNARD 1095 NW 58TH TERR MIAMI, FL 33127		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees 04/29/04-80042-011 150.00 U00000137476
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEARGIS, BERNARD 1095 NW 58TH TERR MIAMI, FL 33127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COWART, TORSON 1095 NW 58TH TERR MIAMI, FL 33127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEMP, DWAYNE 1095 NW 58TH TERR MIAMI, FL 33127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NORRIS, RICKY 3009 NW 51 TERRACE MIAMI, FL 33142	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	
TITLE NAME STREET ADDRESS 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)(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: <i>Ricky Norris</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/26/04 (305) 790-6918 <small>Date Daytime Phone #</small>