

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90207 015 ***150.00

DOCUMENT # P01000056797

1. Entity Name

13 SENSE ENTERTAINMENT, INC.



Principal Place of Business

970 NORTH CONGRESS AVE
WEST PALM BEACH FL 33409

Mailing Address

970 NORTH CONGRESS AVE
WEST PALM BEACH FL 33409

2. Principal Place of Business

1000 NORTH CONGRESS AVE

Suite, Apt. #, etc.

SUITE H

City & State
WEST PALM BEACH, FL

Zip
33409

Country

3. Mailing Address

1000 NORTH CONGRESS AVE

Suite, Apt. #, etc.

SUITE H

City & State
WEST PALM BEACH, FL

Zip

33409

Country



MOORE

CR2E034 (11/03)

4. FEI Number

65-1112734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUDE, HAROLD

970 NORTH CONGRESS AVE
WEST PALM BEACH FL 33409

Name DUDE, HAROLD

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

1000 NORTH CONGRESS AVE.

SUITE H

City WEST PALM BEACH FL

Zip Code 33409

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

FRITZ EHRENTAUF, PRESIDENT

APRIL 2004

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete
NAME HAROLD, DUDE
STREET ADDRESS 970 NORTH CONGRESS AVENUE
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE B.S.T.D. ☐ Change ☐ Addition
NAME
STREET ADDRESS 1000 NORTH CONGRESS AVENUE, SUITE H
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRITZ EHRENTAUF, PRESIDENT

Date

APRIL 2004 (561) 712-4622

Daytime Phone #