2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000066089

1. Entity Name
FRIED OKRA ENTERTAINMENT, INC.

Principal Place of Business
120 E OAKLAND PARK BLVD, SUITE 105
FT LAUDERDALE, FL 33334

Mailing Address
120 E OAKLAND PARK BLVD, SUITE 105
FT LAUDERDALE, FL 33334

DO NOT WRITE IN THIS SPACE

03032005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1118484
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST, 4TH FLOOR
MIAMI, FL 33145

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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 _____ DATE
Signature, typed or printed 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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000026801B
03/18/05-80025-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MOSTELLER, ERNEST
STREET ADDRESS	120 E OAKLAND PARK BLVD, SUITE 105
CITY-ST ZIP	FT LAUDERDALE, FL 33334
TITLE	VP
NAME	MOORE, MAYA
STREET ADDRESS	120 E OAKLAND PARK BLVD, SUITE 105
CITY-ST ZIP	FT LAUDERDALE, FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	

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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: M. Moore MAYA MOORE 3/15/05 305-893-9082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #