

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 02, 2004 08:00 AM Secretary of State DOCUMENT # P01000078475 1. Entity Name ENTITY INTERACTIVE, INC. Principal Place of Business Mailing Address 1641 SATURN ROAD 1641 SATURN ROAD VENICE, FL 34293 VENICE, FL 34293 03122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 80-0024472 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HORVATH, BRIAN S DO NOT WRITE 1641 SATURN RD VENICE, FL 34293 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (3403E. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HORVATH, BRIAN S NAME STREET ADDRESS 1641 SATURN RD U00000101313 VENICE, FL 34293 CITY-57-782 04/02/04≟8DOO8-007 190.00 TITLE NAME STREET ADDRESS CITY-ST-ZIE TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST. ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CREA-21-316 NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY - ST - ZIP

FILED