

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000083944



1. Entity Name
INFINITE ENTERTAINMENT A/V INC.

Principal Place of Business
3950 FIELDVIEW WAY
WEST PALM BEACH, FL 33414

Mailing Address
3950 FIELDVIEW WAY
WEST PALM BEACH, FL 33414

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

REVVES, RYAN
810 N. 1ST.
LAKE WORTH, FL 33460

Name *Reeves, Ryan*
Street Address (P.O. Box Number is Not Acceptable)
810 N. 1ST.

City *Lake Worth* FL Zip Code *33460*

6. 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution,

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P Delete
NAME HOLTZ, MARK S
STREET ADDRESS 113 PRADO ST.
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE V Delete
NAME REEVES, RYAN
STREET ADDRESS 810 N. 1ST.
CITY-ST-ZIP LAKE WORTH, FL 33460

TITLE V Delete
NAME HOLTZ, MARK
STREET ADDRESS 17512 41 COURT N.
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE P Delete
NAME CUNNINGHAM, MARK
STREET ADDRESS 3950 FIELDVIEW WAY
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE S Delete
NAME HOLTZ, TAMMY
STREET ADDRESS 11512 41ST COURT N.
CITY-ST-ZIP ROYAL BEACH ACRES, FL 33411

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME HOLTZ, MARK
STREET ADDRESS 11512 41 ST. CT. N.
CITY-ST-ZIP Royal Palm Beach, FL 33411

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-04 500-2985367

Date

Daytime Phone #