


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

T&N
Pd ✓ #2431

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000087736 1. Entity Name THE EVENT NETWORK, INC.	
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Principal Place of Business 201 WILLIAMS STREET KEY WEST, FL 33040	Mailing Address PO BOX 1153 KEY WEST, FL 33041
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DO NOT WRITE IN THIS SPACE



02132005 No Chg-P CR2E034 (10/03)

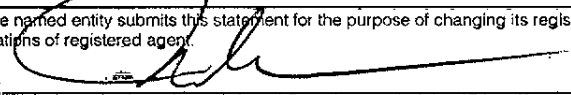
4. FEI Number 65-1135038	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCENROE JULIE
201 WILLIAMS STREET
KEY WEST, FL 33040

**DO NOT WRITE
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:  (NOTE: Registered Agent signature required when reinstating)

DATE: 4/18/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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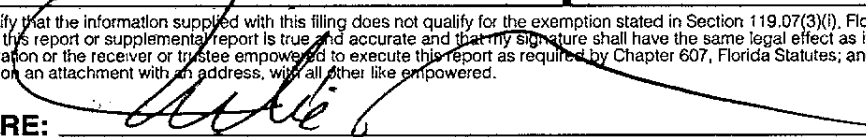
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCENROE, JULIE A 201 WILLIAMS STREET KEY WEST, FL 33040
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U00000318302
04/20/05-80054-001 150.00

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IN THIS SPACE**

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:  DATE: 4/18/05 DAY/PHONE: 305-923-0443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR