

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000101147

FILED
Mar 14, 2005
Secretary of State

Entity Name: OCTOBER NIGHT CORP.

Current Principal Place of Business:

P.O. BOX 693294
MIAMI, FL 332693294 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 693294
MIAMI, FL 332693294 US

New Mailing Address:

FEI Number: 65-1148815 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREIDES, STUART
19401 NE 22 AVE
MIAMI, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FREIDES, STUART
Address: 19401 N.E. 22 AVE
City-St-Zip: MIAMI, FL 33180 US

Title: VP () Delete
Name: BROWN, CHARLES
Address: 19401 NE 22 AVE
City-St-Zip: MIAMI, FL 33180 US

Title: S () Delete
Name: KLESTINEC, RUTH
Address: 1555 71ST STREET
City-St-Zip: MIAMI, FL 33141 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: FREIDES, STUART
Address: 19401 N.E. 22 AVE
City-St-Zip: MIAMI, FL 33180 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STUART FREIDES

_____ Electronic Signature of Signing Officer or Director

PRES

03/14/2005

_____ Date