


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**


04-05-2004 90070 048 \*\*\*158.75

<b>DOCUMENT # P01000108272</b>	
<b>1. Entity Name</b> 409 ENTERTAINMENT CORPORATION	

<b>Principal Place of Business</b> 4952 E. SHANNON LAKES DR. TALLAHASSEE FL 32309	<b>Mailing Address</b> 4952 E. SHANNON LAKES DR. TALLAHASSEE FL 32309
---	---

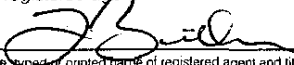
<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b> P.O. Box 20801
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> TALLAHASSEE, FL	<b>City &amp; State</b> TALLAHASSEE, FL
<b>Zip</b> 32316	<b>Country</b> USA

	<b>MOORE</b>	<b>CR2E034 (11/03)</b>
<b>4. FEI Number</b> 59-3758661	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  BUTLER, JOHN 4952 E. SHANNON LAKES DR. TALLAHASSEE FL 32309
---

<b>7. Name and Address of New Registered Agent</b>  Name - BUTLER, John Street Address (P.O. Box Number is Not Acceptable) 1100 SANDY ACRES TRAIL  City - TALLAHASSEE FL Zip Code 32317
---

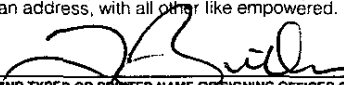
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>	
<b>SIGNATURE</b>  <small>Signature typed or printed name of registered agent and title if applicable.</small>	<b>DATE</b> 4/2/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
--	------------------------------------

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> PCEO	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b> BUTLER, JOHN	
<b>STREET ADDRESS</b> 4952 E. SHANNON LAKES DR.	
<b>CITY - ST - ZIP</b> TALLAHASSEE FL 32309	
<b>TITLE</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

<b>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.</b>			
<b>SIGNATURE:</b> 	<b>Pres./CEO</b>	<b>4/2/04</b>	<b>850 847-3344</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>