


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000013519	
1. Entity Name BROKEN BOTTLE ENTERTAINMENT, INC.	

Principal Place of Business 12864 BISCAYNE BOULEVARD SUITE 241 N MIAMI, FL 33181	Mailing Address 12864 BISCAYNE BOULEVARD SUITE 241 N MIAMI, FL 33181
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DO NOT WRITE IN THIS SPACE



02222004 No Chg-P CR2E034 (10/03)


4. FEI Number 43-1949950	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent

**MCGAHEY, MICHAEL
12864 BISCAYNE BOULEVARD
SUITE 241
N MIAMI, FL 33181**

**DO NOT WRITE
IN THIS SPACE**

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:  2.21.2004
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

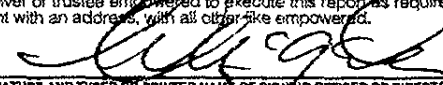
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000067972 02/27/04-80021-010 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCGAHEY, MICHAEL 12864 BISCAYNE BOULEVARD SUITE 241 N MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NEWMAN, MITCHELL 12864 BISCAYNE BOULEVARD SUITE 241 N MIAMI, FL 33181
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  2.21.2004 305 2154550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #