


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 <b>12864 BISCAYNE BOULEVARD SUITE 241 N MIAMI, FL 33181</b>	Mailing Address <b>12864 BISCAYNE BOULEVARD SUITE 241 N MIAMI, FL 33181</b>
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**DO NOT WRITE IN THIS SPACE**



02222004 No Chg-P CR2E034 (10/03)

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

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 date 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**

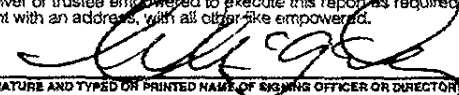
000000067972  
02/27/04-80021-010 150.00

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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**DO NOT WRITE 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:  **2.21.2004** <sup>305</sup> <sub>2154550</sub>  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #