## 2004 FOR PROFIT CORPORATION

## Mar 15, 2004 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # P02000015056 03-15-2004 90004 047 \*\*\*150.00 KYSKEYA ENTERTAINMENT, INC. Principal Place of Business Mailing Address 54017954 2100 N AUSTRALIAN AVE., #200 SOUTH 2100 N AUSTRALIAN AVE., #200 SOUTH WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03052004 CR2E034 (10/03) Cha-P Applied For City & State 4. FEI Number City & State 04-3644986 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ODELIE, EMMANUEL Street Address (P.O. Box Number is Not Acceptable) 2100 N AUSTRALIAN AVE., #200 SOUTH WEST PALM BEACH, FL 33407 Zip Code Fi 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition TITLE TITLE ☐ Delete ODELIE. EMMANUEL NAME NAME 2100 N AUSTRALIAN AVE., #200 SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP WEST PALM BEACH, FL 33407 Addition VPS ☐ Delete Change TITLE TITLE Renel ottino, Renel 2100 N. Australian Ave. OTTINO, RENEL NAME NAME # 200 South STREET ADDRESS 2100 N AUSTRALIAN AVE., #200 SOUTH STREET ADDRESS CITY-ST-ZIP West Palm Bul CITY-ST-ZIP WEST PALM BEACH, FL 33407 Via President ☐ Delete TITLE TITLE Jean-Ciles, Jean-Claude -NAME NAME STREET ADDRESS STREET ADDRESS 143 Cocoplum Lane CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE

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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)(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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Of the Emman.	President	3/5/04	(786) 229-4	624
SIGNATURE AND TYPED OR PRINTED NAME OF S	NING OFFICER OR DIRECTOR	Date	Daytime Phone #	1