

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90045 034 ***158.75

DOCUMENT # P02000015149					
1. Entity Name FAME 2K, INC.					
Principal Place of Business 4300 CLARCONA OCOEE RD., #302 ORLANDO, FL 32810			Mailing Address 4300 CLARCONA OCOEE RD., #302 ORLANDO, FL 32810		
2. Principal Place of Business 1932 W. Fairbanks Ave		3. Mailing Address 1932 W. Fairbanks Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01302004 Chg-P CR2E034 (10/03)	
City & State Winter Park, FL		City & State Winter Park, FL		4. FEI Number 30-0026217	
Zip 32789		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROFFEY, DAWN J 4300 CLARCONA OCOEE RD., #302 ORLANDO, FL 32810			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME SMITH, MICHAEL A		TITLE 	NAME 	
STREET ADDRESS 1208 FOXRIDGE PLACE	CITY-ST-ZIP MELBOURNE, FL 32940		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE VP	NAME THOMAS, CALVIN		TITLE 	NAME 	
STREET ADDRESS 1373 CRAWFORD DR	CITY-ST-ZIP APOPKA, FL 32703		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE T	NAME ROFFY, DAWN		TITLE 	NAME 	
STREET ADDRESS 1580 WOODFIELD OAKS DR	CITY-ST-ZIP APOPKA, FL 32703		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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 registered 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:			Dawn Roffey, Director 1/29/04 407-509-5252		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		