

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 06, 2007 8:00 am
Secretary of State

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03072007 Chg-P CR2E034 (12/06)

DOCUMENT # P02000022376 1. Entity Name H & S ENTERTAINMENT, INC.			
Principal Place of Business 10151 UNIVERSITY BOULEVARD ORLANDO, FL 32817		Mailing Address 10151 UNIVERSITY BOULEVARD ORLANDO, FL 32817	
2. Principal Place of Business - No P.O. Box # 5793 SHALE CT		3. Mailing Address 5793 SHALE CT	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State WINTER PARK, FL		City & State WINTER PARK, FL	
Zip 32792		Zip 32792	
Country 		Country 	
4. FEI Number 03-0396738		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required -	
6. Name and Address of Current Registered Agent HERNDON, TONY 10151 UNIVERSITY BOULEVARD ORLANDO, FL 32817		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5793 SHALE CT City WINTER PARK, FL Zip Code 32792	
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 X Tony H <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE X 3-7-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PCEO	NAME HERNDON, TONY	<input type="checkbox"/> Delete	
STREET ADDRESS 10151 UNIVERSITY BOULEVARD	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP ORLANDO, FL 32817			
TITLE D	NAME HERNDON, TONY	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS 10151 UNIVERSITY BOULEVARD	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP ORLANDO, FL 32817			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X Tony H <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE X 3-7-07 <small>Date Daytime Phone #</small>	