

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90497 001 ***150.00
05-03-2004 90497 002 *****8.75

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04232004 Chg-P CR2E034 (10/03)

| | | | |
|---|---|--|--|
| DOCUMENT # P02000022652 1. Entity Name REALIONAIRE ENTERTAINMENT, INC. | | | |
| Principal Place of Business 540 NW 4TH AVENUE #1901 FT. LAUDERDALE, FL 33311 | | Mailing Address 540 NW 4TH AVENUE #1901 FT. LAUDERDALE, FL 33311 | |
| 2. Principal Place of Business 16713 N.W. 20th St. Suite, Apt. #, etc. | | 3. Mailing Address 16713 N.W. 20th St. Suite, Apt. #, etc. | |
| City & State Pembroke Pines, FL Zip 33028 Country | | City & State Pembroke Pines, FL Zip 33028 Country | |
| 4. FEI Number NOT APPLICABLE | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BRUNSON, ANTHONY 540 NW 4TH AVENUE #1901 FT. LAUDERDALE, FL 33311 | | 7. Name and Address of New Registered Agent Name Anthony Brunson Street Address (P.O. Box Number is Not Acceptable) 16713 N.W. 20 St. City Pembroke Pines FL Zip Code 33028 | |
| 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 _____ (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 | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRUNSON, ANTHONY 540 NW 4TH AVENUE FT. LAUDERDALE, FL 33311 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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. | | | |
| SIGNATURE: <u>Anthony Brunson</u> <u>Anthony Brunson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |
| <small>Date</small> | | <small>Daytime Phone #</small> | |