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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000030486

1. Entity Name
ADONIS ENTERTAINMENT, INC.

Principal Place of Business	Mailing Address
4064 SW 52ND STREET APT B FT LAUDERDALE, FL 33314	4064 SW 52ND STREET APT B FT LAUDERDALE, FL 33314

2. Principal Place of Business	3. Mailing Address
4064 S.W. 52 St	P.O. Box 816327
Suite, Apt. #, etc.: Apt-B	Suite, Apt. #, etc.: Hollywood
City & State: Ft Lauderdale Fla	City & State: Florida
Zip: 33314 Country: U.S.A.	Zip: 33081 Country: U.S.A.

05202004 Chg-P CR2E034 (10/03)

4. FEI Number ~~APPLIED FOR~~ 01-0635792 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HOLNESS, WINSTON
4064 SW 52ND STREET APT B
FT LAUDERDALE, FL 33314

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: Winston Holness President 6/4/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
Due by September 6, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME	HOLNESS, WINSTON		NAME	SONIA YOUNG	
STREET ADDRESS	4064 SW 52ND STREET APT B		STREET ADDRESS	4064 S.W. 52 Street Apt. B	
CITY-ST-ZIP	FT LAUDERDALE, FL 33314		CITY-ST-ZIP	Ft Lauderdale, Fl. 33314	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: Winston Holness 5/24/04 954-316-0831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
WINSTON HOLNESS