LEDGE. LUS

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2005 8:00 am
Secretary of State
06-01-2005 90015 034 ***150.00

DOCUMENT # P02000030486

1. Entity Name
ADONIS ENTERTAINMENT, INC.

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

DO NOT WRITE IN THIS SPACE

05272005 No Chg-P CR2E084 (10/03)

4. FEI Number
01-0635782 010-635782 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOLNESS, WINSTON
STREET ADDRESS	4064 SW 52ND STREET APT B
CITY-ST-ZIP	FT LAUDERDALE, FL 33314
TITLE	V
NAME	YOUNG, SONIA
STREET ADDRESS	4064 SW 52ND STREET APT B
CITY-ST-ZIP	FT LAUDERDALE, FL 33314
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Winston Holness 5/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date

954-316-0831
Daytime Phone #