2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2004 8:00 am Secretary of State

DOCUMENT # P02000045075 1. Entity Name THE MAIN EVENT & ASSOCIATES, INC.							04-16-2004	4 90095	030 ***1	50.00	
Principal Place of Business Mailing Address											
2416 S. AND	REWS AVE.	2416 S. ANDREWS AVE.									
FORT LAUDERDALE, FL 33316		SUITE 710									
		FORT LAUDERDALE, FL	FORT LAUDERDALE, FL 33316							101 (20)	
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04122004	Chg-P	CR2E0	34 (10/03)			
City & State		City & State			4. FEI Number 01-0671973				— — — — — — — — — — — — — — — — — — —	olied For Applicable	
Zip	Country	Zip Coun				5. Certificate of Status Desired Sa.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					-7. Name and Address of New Registered Agent						
SPIEGEL & UTRERA P.A. 1840 SW 22ND ST.					Street Address (P.O. Box Number is Not Acceptable)						
4TH FLOOR MIAMI, FL 33145											
				City		PA		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											
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 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financia Trust Fund Contribution.					\$5. Add	00 May Be ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTORS	IN 11	
TITLE	PT	☐ Delete	TITLE		79	tton	Kenneth		Change	Addition	
NAME STREET ADDRESS	BARNETT, KENNETH 1314 EAST LAS OLAS BOULEV	ADD	NAMI STRE		ndan ad 1	1161 1	drews	Aue			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301			ET ADDRESS (-ST-ZIP	£0	ct Lauc	graale	FL.	3331	16	
TITLE	SVD	Delete	TITLE			1 1 000	x Cl o.oc.Q	(-,	Change	Addition	
NAME	WALKER, ANDREW	•	NAM								
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST- ZIP							
TITLE	FORT LAUDERDALE, FL 33301		TITLE				_		☐ Change	Addition	
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NAME			NAM	E					- *		
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP	portify that the information association is	this filing does not availe to		-ST-ZIP	ad in Ca	otion 110 07/0\	(i) Florido Statutas	I formbor on	tifu that the !-	formation	
12. I hereby certify that the information supplied with this filling 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 AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/04

Date

Daytime Phone #