

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90080 045 ***150.00

DOCUMENT # P02000048070

1. Entity Name

WHITE CHALK ENTERTAINMENT INC.



Principal Place of Business

15261 NE 13 AVE
MIAMI FL 33162

Mailing Address

15261 NE 13 AVE
MIAMI FL 33162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-4495997**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILCTETE, GREGORY
15261 N.E. 13TH AVE.
NORTH MIAMI BEACH FL 33162

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCST	<input type="checkbox"/> Delete
NAME	PHILOCTETE, GREGORY	
STREET ADDRESS	15261 N.E. 13TH AVE.	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	HARDING, ADAM B	
STREET ADDRESS	15261 N.E. 13TH AVE.	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CURRY P, PATRICK	
STREET ADDRESS	15261 N.E. 13TH AVE.	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	P	<input type="checkbox"/> Delete
NAME	GRIFFITHS, WALDIN B	
STREET ADDRESS	15261 N.E. 13TH AVE.	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROBINSON, OMAR J	
STREET ADDRESS	15261 N.E. 13TH AVE.	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Gregory Philoctete*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/04

305-949-5082