2004 FOR PROFIT CORPORATION

FILED ANNUAL REPORT (AR) Mar 18, 2004 8:00 am DOCUMENT # P02000062378 **Secretary of State** 03-18-2004 90019 006 ***150.00 JAVDON ENTERTAINMENT, INC. Principal Place of Business Mailing Address 20522 SW 117TH CT 20522 SW 117TH CT MIAMI FL 33177 **MIAMI FL 33177** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 71-0884659 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILSON, JAVAN E Street Address (P.O. Box Number is Not Acceptable) 20522 SW 117TH CT **MIAMI FL 33177** City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition ☐ Delete TITLE TITLE WILSON, JAVAN E NAME NAME 20522 SW 117TH CT STREET ADDRESS STREET ADDRESS MIAMI FL 33177 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TIBLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITE

NAME STREET ADDRESS

CITY-ST-ZIP

O OR PRINTED NAME OF SIC

☐ Delete

Change

Addition