


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90003 033 ***158.75

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DOCUMENT # P02000076854	
1. Entity Name UNIVERSE ENTERTAINMENT INC.	

Principal Place of Business 2800 W OAKLAND PARK BLVD #107 OAKLAND PARK, FL 33311	Mailing Address 2800 W OAKLAND PARK BLVD #107 OAKLAND PARK, FL 33311
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2. Principal Place of Business 11126 Royal Palm Blvd Suite, Apt. #, etc.	3. Mailing Address P.O. Box 934133 Suite, Apt. #, etc.
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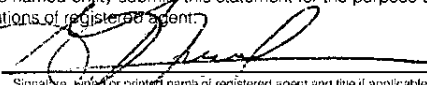
City & State Coral Springs	City & State Margate, FL
Zip 33065	Zip 33093



07192004 Chg-P CR2E034 (10/03)

4. FEI Number 22-3857903	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALEXANDRE, DIXON 2800 W OAKLAND PARK BLVD #107 OAKLAND PARK, FL 33311	
7. Name and Address of New Registered Agent Name: Joseph Normil Street Address (P.O. Box Number is Not Acceptable): 11126 Royal Palm Blvd City: Coral Springs FL Zip Code: 33065	

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.

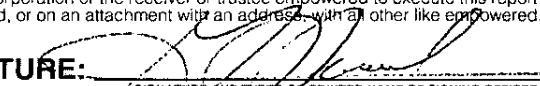
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating)

DATE: 8/30/2004

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS NORMIL, JOSEPH P.O. BOX 934133 MARGATE, FL 33093 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 8/30/04 (904) 793-7178