2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 91006 047 ***150.00

DOCUMENT # P02000098221

1. Entity Name
THEME PARK OF SOUTH FLORIDA, INC.

Principal Place of Business
419 ALAMANDA DR.
HALLANDALE, FL 33009

Mailing Address
~~7520 NW 5TH ST #203~~
~~PLANTATION, FL 33317~~
Mailing Address

04202004 No Chg-P CR2E034 (10/03)

4. FEI Number
03-0482818
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ZENOBIA, MARK
419 ALAMANDA DRIVE
HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE

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
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	LEACH, RALPH
STREET ADDRESS	4211 NE 25 AVE.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	P
NAME	ZENOBIA, MARK
STREET ADDRESS	419 ALAMANDA DRIVE
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Zenobia, Rose Mary (VP) 419 Alamanda Drive Hallandale, FL.33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Mark Zenobia MARK ZENOBIA 4-21-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

954-458-2496