


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90049 036 \*\*\*158.75

<b>DOCUMENT # P02000128971</b>	
1. Entity Name IT'S SHOWTIME!, INC.	

Principal Place of Business 5225 NW 117 AVE CORAL SPRINGS, FL 33076	Mailing Address 5225 NW 117 AVE CORAL SPRINGS, FL 33076
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**50004715**

2. Principal Place of Business P.O. Box 480030	3. Mailing Address P.O. Box 480030
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01042005 Chg-P CR2E034 (10/03)

City & State Ft. Lauderdale, FL.	City & State Ft. Lauderdale, FL.
Zip 33348-0030	Country U.S.A.
Zip 33348-0030	Country U.S.A.

4. FEI Number 01-0764125	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SASSEN, DEBORAH 5225 NW 117 AVE CORAL SPRINGS, FL 33076		7. Name and Address of New Registered Agent Name: Beverly Kohn Street Address (P.O. Box Number is Not Acceptable): 3900 Galt Ocean Drive #1401 City: Ft. Lauderdale, FL Zip Code: 33308	
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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 _____	DATE: January 10, 2005

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SASSEN, DEBORAH 5225 NW 117 AVE CORAL SPRINGS, FL 33076 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Beverly Kohn P.O. Box 480030 Ft. Lauderdale, FL 33348-0030 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STERN, LARRY P O BOX 480030 FT LAUDERDALE, FL 33348 <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
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 all other like empowered.

SIGNATURE: 	Beverly Kohn, Director	January 10, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #