

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000002080

1. Entity Name
DOUBLE ACTION ENTERTAINMENT INC.



Principal Place of Business

**PO BOX 170143
MIAMI, FL 33017**

Mailing Address

**PO BOX 170143
MIAMI, FL 33017**



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number

75-3107988

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

**FLEMING, AHMAD
2553 CHATEAU LN UNIT B
TALLAHASSEE, FL 32311**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FLEMING, AHMAD
2553 CHATEAU LANE UNIT B
TALLAHASSEE, FL 32311**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
MANDRELL, RAYMOND
1955 NW 192 TERR
MAIMI, FL 33056**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MOLTIMORE, NICOLE
2428 JIM LEE ROAD
TALLAHASSEE, FL 32301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000320042
04/21/05-80021-023 150.00

**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)(f), 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:

Ahmad Fleming
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/20/05 (850) 210-2628

Daytime Phone #