


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000020730 1. Entity Name ORION ENTERTAINMENT GROUP, INC.						FILED 05 OCT -3 PM 12:50 SECRET. STATE OFFICE OF THE CLERK																									
Principal Place of Business 7920 SW 15 ST MIAMI FL 33144				Mailing Address 7920 SW 15 ST MIAMI FL 33144																											
2. Principal Place of Business 10698 S.W. 76 TERR				3. Mailing Address 10698 SW 76 TERR																											
Suite, Apt. #, etc.				Suite, Apt. #, etc.																											
City & State MIAMI FL				City & State MIAMI FL																											
Zip 33173		Country USA		Zip 33173		Country USA																									
4. FEI Number 41-2081406				Applied For <input type="checkbox"/> Not Applicable																											
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent FERNANDEZ, MARIO A 7920 SW 15 ST MIAMI, FL 33144				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10698 SW 76 TERR City MIAMI FL Zip Code 33173																											
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 registering) DATE: _____																															
FILE NOW!!! FEE IS \$150.00 Due by October 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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.																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FERNANDEZ, MARIO A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7920 SW 15 ST</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MIAMI, FL 33144</td> <td></td> </tr> </table>				TITLE	D	<input type="checkbox"/> Delete	NAME	FERNANDEZ, MARIO A		STREET ADDRESS	7920 SW 15 ST		CITY- ST- ZIP	MIAMI, FL 33144		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">100060212801</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>10/04/05--01046--018</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>**155.00</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	100060212801	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	10/04/05--01046--018		STREET ADDRESS	**155.00		CITY- ST- ZIP		
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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: <u>Mario A Fernandez</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: <u>9/14/05</u> Daytime Phone #: <u>(305) 596-3917</u>																											