

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000020765

Entity Name: SOR ENTERTAINMENT, INC.

FILED
Apr 12, 2005
Secretary of State

Current Principal Place of Business:

12189 OLD COUNTRY ROAD
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

12189 OLD COUNTRY ROAD
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 56-2349038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSENBERG, MAGGI
12189 OLD COUNTRY ROAD
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DUNN, CHARLES
Address: 7695 OLYMPIA DRIVE
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: VP () Delete
Name: ROSENBERG, MAGGI
Address: 12189 OLD COUNTRY ROAD
City-St-Zip: WELLINGTON, FL 33414 US

Title: T () Delete
Name: ROSENBERG, STEVEN
Address: 12189 OLD COUNTRY ROAD
City-St-Zip: WELLINGTON, FL 33414 US

Title: S () Delete
Name: DUNN, JUDITH
Address: 7695 OLYMPIA DRIVE
City-St-Zip: WEST PALM BEACH, FL 33411 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH DUNN

S

04/12/2005

Electronic Signature of Signing Officer or Director

Date