

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 30, 2004 8:00 am
Secretary of State

09-30-2004 90011 014 ***158.75

DOCUMENT # P03000023678

1. Entity Name
DIGITAL ENTERTAINMENT, INC.



Principal Place of Business
**11911 US HIGHWAY ONE STE 309
NORTH PALM BEACH, FL 33408**

Mailing Address
**11911 US HIGHWAY ONE STE 309
NORTH PALM BEACH, FL 33408**

54073647



2. Principal Place of Business
530 W. KALMIA DR.

3. Mailing Address
530 W. KALMIA DR.

09212004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. 11

Apt. 11

City & State

City & State

LAKE PARK, FL.

LAKE PARK, FL.

Zip

Zip

33408

33408

Country

Country

USA

USA

4. FEI Number

32-0064466

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBBINS, STEVEN L ESQ
11911 US HIGHWAY ONE STE 309
NORTH PALM BEACH, FL 33408**

Name **THANOS KAVAS**

Street Address (P.O. Box Number is Not Acceptable)

530 W. KALMIA DR.

City

LAKE PARK

FL

Zip Code

33408

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **KAVAS, THANOS SR**
STREET ADDRESS **11911 US HIGHWAY ONE STE 309**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE **Director** ☒ Change ☐ Addition
NAME **THANOS KAVAS**
STREET ADDRESS **530 W. KALMIA DR. Apt. 11**
CITY-ST-ZIP **LAKE PARK, FL 33408**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #