


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90260 005 ***150.00

DOCUMENT # P03000043557	
1. Entity Name NATIONAL ENTERTAINMENT DEVELOPERS, INC.	

Principal Place of Business 14817 LAGUNA DRIVE STE 103 FT MYERS, FL 33908	Mailing Address 14817 LAGUNA DRIVE STE 103 FT MYERS, FL 33908
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2. Principal Place of Business 13720 Six Mile Cypress Suite, Apt. #, etc. Ste #2	3. Mailing Address 13720 Six Mile Cypress Suite, Apt. #, etc. Ste #2
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City & State FT Myers, FL	City & State FT. Myers, FL
Zip 33912	Zip 33912
Country USA	Country USA



04202004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent JONES, LARRY 14817 LAGUNA DRIVE STE 103 FT MYERS, FL 33908	
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4. FEI Number 65-1197078	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name LARRY JONES Street Address (P.O. Box Number is Not Acceptable) 13720 Six Mile Cypress Ste #2 City FT. Myers FL Zip Code 33912	

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 After May 1, 2004 Fee will be \$550.00	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	DP OBRACAY, DALE A 14817 LAGUNA DRIVE STE 103 FT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DALE A OBRACAY - President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13720 Six Mile Cypress Ste #2 FT. Myers, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JONES Y, LARRY 14817 LAGUNA DRIVE STE 103 FT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LARRY A JONES - Vice Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13720 Six Mile Cypress Ste #2 FT. Myers, FL 33912
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
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

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]* **V.P.** 4/24/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #