

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

03-29-2004 90533 001 ***450.00

DOCUMENT # P03000050043 1. Entity Name COVERT ENTERTAINMENT, INC.			
Principal Place of Business P.O. BOX 1849 BURNSVILLE MN 55337		Mailing Address P.O. BOX 1849 BURNSVILLE MN 55337	
2. Principal Place of Business 550 Baskell Ave Suite, Apt. #, etc. Penthouse Suite City & State Miami, Florida Zip 33131		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 51-0466511		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 GREENE, JONATHAN 2424 N. FEDERAL HIGHWAY SUITE 450 BOCA RATON FL 33431		7. Name and Address of New Registered Agent Name Jeff Durand Street Address (P.O. Box Number is Not Acceptable) 550 Baskell Ave Penthouse Suite City Miami FL Zip Code 33131	
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: <u><i>Jeffrey C Durand</i></u> 3/20/04 <small>(NOTE: Registered Agent signature required when remaining)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DURAND, JEFFREY C P.O. BOX 1849 BURNSVILLE MN 55337	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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><i>Jeffrey C Durand</i></u> 3/20/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	