

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-12-2004 90023 040 ***150.00

DOCUMENT # P03000056310

1. Entity Name
**INTERNET ENTERTAINMENT BROADCAST NETWORK,
INC.**



Principal Place of Business
**14 EAST WASHINGTON STREET
SUITE 306
ORLANDO, FL 32801-2320**

Mailing Address
**14 EAST WASHINGTON STREET
SUITE 306
ORLANDO, FL 32801-2320**

54061512



2. Principal Place of Business

3. Mailing Address

**100 VILLAGE SQUARE CROSSING
SUITE 202**

**100 VILLAGE SQUARE CROSSING
SUITE 202**

07022004

Chg-P

CR2E034 (10/03)

City & State
PALM BEACH GARDENS FL

City & State
PALM BEACH GARDENS, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33410

Country

Zip
33410

Country

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

**CHERRIX, SHERRY L
14 EAST WASHINGTON STREET
SUITE 306
ORLANDO, FL 32801-2320**

Name

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

100 Village Square Crossing #202

City

Palm Beach Gardens,

FL

Zip Code
33410

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 *Sherry L. Cherrix*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/2/04
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 **CHERRIX, SHERRY L**
STREET ADDRESS **14 EAST WASHINGTON STREET SUITE 306**
CITY-ST-ZIP **ORLANDO, FL 328012320**

TITLE **D** ☒ Change ☐ Addition
NAME **CHERRIX, SHERRY L**
STREET ADDRESS **100 VILLAGE SQUARE CROSSING SUITE 202**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
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: *Sherry L. Cherrix*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/04 561-262-5189
Date Daytime Phone #