

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90108 047 ***150.00

DOCUMENT # P03000058981 1. Entity Name THE FADE STATION, INC.																											
Principal Place of Business 2322 LAKE AVE SE LARGO, FL 33771		Mailing Address 2322 LAKE AVE SE LARGO, FL 33771																									
2. Principal Place of Business 2840 46th AVE N Suite, Apt. #, etc.		3. Mailing Address 2840 46th AVE N Suite, Apt. #, etc.																									
City & State St. Pete, FL Zip 33714		City & State St. Pete, FL Zip 33714																									
Country USA		Country USA																									
4. FEI Number 59-3713451		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 ALAMINA, MARCO 2322 LAKE AVE SE LARGO, FL 33771		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ALAMINA, MARCO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2322 LAKE AVE SE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>LARGO, FL 33771</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	ALAMINA, MARCO		STREET ADDRESS	2322 LAKE AVE SE		CITY - ST - ZIP	LARGO, FL 33771		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		MAKCO ALAMINA 4-19-05 <small>Date Daytime Phone #</small>																									

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