


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90177 001 \*\*\*150.00  
05-03-2005 90177 002 \*\*\*\*\*8.75

|  |   |
|--|---|
| <b>DOCUMENT # P03000086155</b>                 |  |
| 1. Entity Name<br>FACE OFF ENTERTAINMENT, INC. |   |

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| Principal Place of Business<br>39010 36TH, D201<br>WEST PALM BEACH, FL 33407 | Mailing Address<br>PO BOX 222486<br>WEST PALM BEACH, FL 33422-2486 |
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|   |   |
|---|---|
| 2. Principal Place of Business<br>5100 45 St<br>Suite, Apt. #, etc.<br>6A<br>City & State<br>West Palm Beach, FL<br>Zip<br>33407<br>Country<br>U.S. | 3. Mailing Address<br>P.O. Box<br>Suite, Apt. #, etc.<br>220925<br>City & State<br>West Palm Beach, FL<br>Zip<br>33422<br>Country<br>U.S. |
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04062005 Chg-P CR2E034 (10/03)

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| 4. FEI Number<br>41-2133082  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required                              |  |
| 6. Name and Address of Current Registered Agent<br>THREATT, ANTOINE E<br>3901 36 CT APT D201<br>W PALM BCH, FL 33407             |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_  
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPS<br>VALSAINT, JACQUES II<br>3901 36 CT APT D201<br>W PALM BCH, FL 33407 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVT<br>THREATT, ANTOINE E<br>3901 36 CT APT D201<br>W PALM BCH, FL 33407 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 employees.

SIGNATURE: Antoine Threath  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/05 (Seal) 723-8664  
Date Daytime Phone #