

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 18, 2005 8:00 am
Secretary of State

08-18-2005 90001 043 ***150.00

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1. Entity Name
KNOX ENTERTAINMENT, INC



Principal Place of Business
**20401 NW 2ND AVENUE
MIAMI, FL 33169 US**

Mailing Address
**20401 NW 2ND AVENUE
MIAMI, FL 33169 US**

50062158



07252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HIGGINS, CHARLES
20401 NW 2ND AVENUE
MIAMI, FL 33161**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

TITLE	P
NAME	HIGGINS, CHARLES
STREET ADDRESS	20401 NW 2ND AVENUE
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	VP
NAME	BROWN, DAVAUGHN
STREET ADDRESS	20401 NW 2ND AVENUE
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	T
NAME	PESSOA, ROHAN
STREET ADDRESS	20401 NW 2ND AVENUE
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	S
NAME	HIGGINS, CHARLES
STREET ADDRESS	20401 NW 2ND AVENUE
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: CHARLES HIGGINS 7/25/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #