2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000103909 1. Entity Name 2NIGHT ENTERTAINMENT, INC.				2007 APR 12				PM 3: 12		
Principal Place 1484 COLLW 11 MIAMI REACH	S AVE.	Mailing Address 1434 COLLINS AVE. 11 MIAMU BEACH, FA. 3313			! 1.3 1.6	SECR TALLAHA	ARY OF S	STATE ORIDA		
Suite, Apt.	#, etc. #201	3. Mailing Address 1234 Was Suite, Apt. #, etc. # 201 City & State Zip	Beach F	Ine FL		Chg-P er 20-024 PRUCABLE	7057	14 (12/06) Ap	plied For t Applicable	
33139 USA 33139 6. Name and Address of Current Registered Agent BARCIONA, ANDRES 9561 FOUNTAINEBLEAU BLVD. 115 MIAMI, FL 33172 8. The above named entity submits this statement for the purpose of changing its register				5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)						
				registere	ed agent, or bo	th, in the State of F	FL lorida. Lam fa	Zip Code		
SIGNATURE_	Signature, typed or printed name of registered agent of	und tale of applicable. (NOTE:	Registered Agent signatur		when reinstating)	0	1/10/0 DATE	<i>6</i> 7		
After Ma 10. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND OFFIC	Trust Fund Contrit DIRECTORS Delete	TILE NAME STREET ADDRESS CITY-S1-ZIP TITLE	Uic Luis 233	ADDITIONS. R. M. B. Brice			DIRECTORS Change	G IN 11 Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS	BARCIONA, ANDRES 9561 FOUNTAINEBLEAU BLVD. MIAMI, FL 33172	#115	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	600	Ins Bo NE 3 Ami, FL	arciona 6# street 	#306	☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Celete	CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP		04/1	9/07010	2567) 32008	840. □**∮5) ∭∳ dition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	. TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empty, or on an attachment with an address. **URE:** **SIGNATURE AND TYPED OR IT.**	true and accurate and that mo owered to execute this report a	y signature shall ha is required by Cha	ave the s	iame legal effe , Florida Statut	ct as if made unde	r oath; that I a me appears in	m an officer	or director	