FILED May 04, 2005 8:00 am Secretary of State 05-04-2005 90121 027 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

| DOCUMENT # P03000112 1. Entity Name RONALD ENTERTAINMENT, INC. | 2329 | | | |
|---|---|---------------------------------------|--|---|
| Principal Place of Business 8639 N HIMES AVE # 2713 TAMPA, FL 33614 | Mailing Address 8639 N HIMES AVE # 2713 TAMPA, FL 33614 | |) | ARIN STEATH FEET A 1966 R SHE'A SURFA CHUIDDIN A CARD |
| 2. Principal Place of Business 2821 Butterfly Landing Of Suite. Apt. #, etc. | 3. Mailing Address 2821 Butterfly Suite, Apt. #, etc. | Landing Dr. | 05022005 Chg-P | CR2E034 (10/03) |
| City & State Land O Lakes, Fc Zip 34638 Country us A | Zip 34638 C | lakes, FL ountry USA | 4. FEI Number 75-3132522 8. Certificate of Status Desired | Applied For Not Applicable \$8.75 Additional Fee Required |
| 6. Name and Address of Current PREVELIGE, RON 7036 WEST HILLSBOROUGH AVENUE TAMPA, FL 33634 | | Name Street Address 2-92(City Lance | 7. Name and Address of New Prevelige, Row (P.O. Box Number is Not Acceptate Butterfly Landin |) Die) |
| The above named entity submits this statement the obligations of registered agent. SIGNATURE | or the purpose of changing its regis | | | <u></u> |
| Speture, speed or provide name of repassed age FILE NOW!!! FEE IS \$150.00 : After May 1, 2005 Fee will be \$550 | 9. Election Campaign F | | d when renessaring) 5.00 May Be ded to Fees | ДАТЕ |
| 10. OFFICERS AN TITLE D NAME PREVELIGE, RON STREET ADDRESS 6139 NORTH HIMES AVE \$ 27 TAMPA, FL 33614 | ☐ Delete | STREET ADDRESS 29 | evelige, Ron 21 Butterfly Land | FICERS AND DIRECTORS IN 11 Change Addition Addition 34638 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | NAME STREET ADDRESS CITY-ST-ZIP | - Lupe, / 1- | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CRTY-ST-2IP | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZP | | - Change Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | - | ☐ Citange ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delate | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Cirange ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZP | ☐ Delete | TITLE MAME STREET ADDRESS CITY-ST-ZEP | | ☐ Change ☐ Addition |
| 12. I hereby certify that the information supplied indicated on this report or supplemental report of the corporation or the receiver or trustee exchanged, or on an attachment with an address | rt is true and accurate and that my : moowered to execute this report as | signature shall have th | e same legal effect as it made und 107, Florida Statutes; and that my n | er oam; mat I am an officer or director ame appears in Block 10 or Block 11 if |
| SIGNATURE: SIGNATURE AND TYPED | OR BURNTED RAME OF SIGNARY OFFICER OR | DIRECTOR | 04/30/ | 05 813-089-8114 Daytime Phone # |