

2006 FOR PROFIT CORPORATION ANNUAL REPORT

2006 FOR PROFIT CORPORATION ANNUAL REPORT								FILED Jul 31, 2006 8:00 am Secretary of State 07-31-2006 90005 015 ***150.00				
DOCUMENT # P03000131822 1. Entity Name												
1ST CLAS	SS ENTER	RTAINMENT, INC	; .									
Principal Place of Business 1561 ROYAL FERN LANE ORANGE PARK, FL 32003				Mailing Address 1561 ROYAL FERN LANE ORANGE PARK, FL 32003				1 3 4 4 7 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1 17:18 1110 18 11: 38 11: 1	********	23536	BITAL II ISBI
Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				07252006	Chg-P	CR2	E034 (11/05)	
City & State				City & State				l			pplied For ot Applicable	
Zip	Zip Country			Zip Cou		itry		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent								7. Name and	Address of New	Registere	d Agent	,
NAULT, MARC 1561 ROYAL FERN LANE ORANGE PARK, FL 32003						Name Street Ado	dress (P.O. Box Numb	er is Not Acceptab	ole)		
						City				F	L Zip Cod	e
	named entity tions of registe	submits this statement f	or the p	ourpose of changing its	register	ed office or re	egister	ed agent, or bo	oth, in the State of F	lorida. I a	m familiar with,	and accept
SIGNATURE	Signature, typed o	printed have of registered agen	eltri brus i	if applicable. (NOTI	E: Registere	d Agent signature	required	f when reinstating)		7/2	9/0b	
	LE NOW!!!	FEE IS \$550.00 ember 6, 2006		9. Election Campai Trust Fund Cont	gn Finar		\$5.	.00 May Be ed to Fees			•	
10.		OFFICERS AND	DIRE	CTORS	11.			ADDITIONS	/CHANGES TO OF	FICERS A	ND DIRECTOR	S IN 11
TITLE NAME	P NAULT, M/	P Delete NAULT, MARC				E IE					☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST-ZIP						
TITLE				☐ Defele	TITL	E					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP						ET ADDRESS						
TITLE				☐ Delete	TITU	-ST-ZIP					☐ Change	☐ Addition
NAMÉ STREET ADDRESS					nam Stre	ET ADDRESS						
CITY-ST-ZIP					CITY	-ST-ZIP						
TITLE NAME				☐ Delete	TITLI	1					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP						
TITLE				☐ Delete	TITL						Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP						EE1 ADORESS - ST-ZIP						
TITLE				☐ Delete	TITL						☐ Change	☐ Addition
NAME STREET ADDRESS					NAM Stri	EET ADDRESS					•	
CITY-ST-ZIP						-ST-ZIP						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-269-