2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2006 08:00 AN Secretary of State DOCUMENT # P04000003732 CROWN ENTERTAINMENT AND RECORDS, INC. Principal Place of Business Mailing Address 1971 W. LUMSDEN ROAD #213 1971 W. LUMSDEN ROAD #213 BRANDON, FL 33511 BRANDON, FL 33511 No Chg-P CR2E034 (11/05) 04282006 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1567182 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PRINCE, DAVID E DO NOT WRITE 4519 ASHMORE DRIVE TAMPA, FL 33610 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE KNIGHT, FAYE NAME 325 COMPTON BLVD. STREET ADDRESS CITY-ST-ZIP COMPTON, CA 90220 TITLE NAME STALLWORTH, GREGORY D STREET ADDRESS 1971 W. LUMSDEN ROAD #213 CITY-ST-ZIP BRANDON, FL 33511 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE

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.

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

Daytime Phone #