

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000006766

Entity Name: SEMINOLE COMEDY, INC.

FILED  
Jan 05, 2007  
Secretary of State

## Current Principal Place of Business:

5700 SEMINOLE WAY  
HOLLYWOOD, FL 33314

## New Principal Place of Business:

## Current Mailing Address:

5700 SEMINOLE WAY  
HOLLYWOOD, FL 33314

## New Mailing Address:

FEI Number: 83-0381861

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SASLAW, GARY R  
20801 BISCAYNE BLVD., STE. 304  
AVENTURA, FL 33180 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DORFMAN, ANDREW  
Address: 5700 SEMINOLE WAY  
City-St-Zip: HOLLYWOOD, FL 33314

Title: V ( ) Delete  
Name: BACHKOFF, JOEL  
Address: 5700 SEMINOLE WAY  
City-St-Zip: HOLLYWOOD, FL 33314

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA HERNANDEZ

B

01/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date