

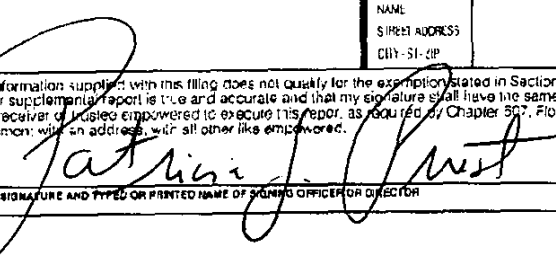
Jan 13 05 03:29p

Nemes & West

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90043 009 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000022733			
1. Entity Name LITTLE T ENTERTAINMENT, INC.			
Principal Place of Business 342 LA HACIENDA DR. INDIAN ROCKS BEACH, FL 33785		Mailing Address 342 LA HACIENDA DR. INDIAN ROCKS BEACH, FL 33785	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0576616		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRIEST, PATRICIA J 723 PONCE DE LEON BLVD. BELLEAIR, FL 33766		7. Name and Address of New Registered Agent Name: PATRICIA J. PRIEST Street Address (P.O. Box Number is Not Acceptable): 342 LA HACIENDA DR. City: INDIAN ROCKS BEACH FL Zip Code: 33785	
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 fee if applicable. AND If Registered Agent Signature required when filing (if required) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRIEST, PATRICIA J 723 PONCE DE LEON BLVD. BELLEAIR, FL 33766 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 897, 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: 		1/15/05 7275939595	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date (mm/dd/yyyy)	

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01132005 Chg-P CR2E034 (10/03)