

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000025635

Entity Name: FUNNY STATION INC

FILED
Feb 16, 2005
Secretary of State

Current Principal Place of Business:

5025 NW 11TH WAY
POMPANO BCH, FL 33064

New Principal Place of Business:

4401 CRYSTAL LAKE DRIVE # 206
POMPANO BCH, FL 33064

Current Mailing Address:

5025 NW 11TH WAY
POMPANO BCH, FL 33064

New Mailing Address:

4401 CRYSTAL LAKE DRIVE # 206
POMPANO BCH, FL 33064

FEI Number: 20-0710892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUNES, SAMARA L
5025 NW 11TH WAY
POMPANO BCH, FL 33064 US

Name and Address of New Registered Agent:

NUNES, SAMARA L
4401 CRYSTAL LAKE DRIVE # 206
POMPANO BCH, FL 33064 US

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: SAMARA L NUNES

02/16/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: OD () Delete
Name: DE MORAIS, ALESSANDRA C
Address: 5025 NW 11TH WAY
City-St-Zip: POMPAÑO BCH, FL 33064

Title: OD () Delete
Name: NUNES, SAMARA L
Address: 5025 NW 11TH WAY
City-St-Zip: POMPAÑO BCH, FL 33064

Title: OD () Delete
Name: FREITAS, VIVIANE B
Address: 5025 NW 11TH WAY
City-St-Zip: POMPAÑO BCH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OD (X) Change () Addition
Name: DE MORAIS, ALESSANDRA C
Address: 4401 CRYSTAL LAKE DRIVE # 206
City-St-Zip: POMPAÑO BCH, FL 33064

Title: OD (X) Change () Addition
Name: NUNES, SAMARA L
Address: 4401 CRYSTAL LAKE DRIVE # 206
City-St-Zip: POMPAÑO BCH, FL 33064

Title: OD (X) Change () Addition
Name: FREITAS, VIVIANE B
Address: 4401 CRYSTAL LAKE DRIVE # 206
City-St-Zip: POMPAÑO BCH, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALESSANDRA DE MORAIS

OD

02/16/2005

Electronic Signature of Signing Officer or Director

Date