2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000030934

Entity Name: TRIUNE ENTERTAINMENT GROUP INC

FILED Apr 30, 2005 Secretary of State

Littly Na	Me. TRIONE ENTERTAINWENT GROOF	- INC
Current P	rincipal Place of Business:	New Principal Place of Business:
21011 NE 13TH PLACE NORTH MIAMI BEACH, FL 33179		2648 NW 21TERR SUITE A MIAMI, FL 33142
Current N	failing Address:	New Mailing Address:
	13TH PLACE NAMI BEACH, FL 33179 US	2648 NW 21TERR SUITE A MIAMI, FL 33142 US
FEI Number	: FEI Number Applied For ()	FEI Number Not Applicable (X) Certificate of Status Desired ()
Name and	d Address of Current Registered Agent	: Name and Address of New Registered Agent:
7200 NW - LAUDERH	SSOCIATES, INC. 44TH COURT HILL, FL 33319 US	
	e named entity submits this statement for the of Florida.	he purpose of changing its registered office or registered agent, or both,
SIGNATUI		
Election Ca	Electronic Signature of Registered mpaign Financing Trust Fund Contribution ().	Agent Date
	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	P () Delete WILLIAMS, BYRON 21011 NE 13TH PLACE NORTH MIAMI BEACH, FL 33179 US	Title: P (X) Change () Addition Name: WILLIAMS, BYRON Address: 7782 NW 18 ST City-St-Zip: PEMBROKE PINES, FL 33024 US
Title: Name: Address: City-St-Zip:	VP () Delete KNIGHT, OWEN 3133 NW 108TH TERRACE SUNRISE, FL 33321 US	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	S () Delete JOHNSON, JEWEL 7200 NW 44TH COURT LAUDERHILL, FL 33319 US	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	T () Delete MARTINEZ, MELVIN J 921 EAST 47TH STREET HIALEAH, FL 33013 US	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address:	() Delete	Title: P () Change (X) Addition Name: MATTHEWS, JOEL Address: PO BOX 172102

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.

City-St-Zip: MIAMI LAKES, FL 33017

SIGNATURE: BYRON WILLIAMS CEO 04/30/2005

City-St-Zip: