## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 12, 2005 8:00 am Secretary of State **DOCUMENT # P04000032353** 04-12-2005 90126 013 \*\*\*150.00 FORCE ENTERTAINMENT, INC. Principal Place of Business Mailing Address 6616 DAHLIA DRIVE **6616 DAHLIA DRIVE** HOLLYWOOD, FL 33023 HOLLYWOOD, FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04062005 Chg-P City & State City & State Applied For 4. FEI Number 84-1639701 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROWN, RAFAEL Street Address (P.O. Box Number is Not Acceptable) 6616 DAHLIA DRIVE HOLLYWOOD, FL 33023 City Zip Code 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. SIGNATUREA Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE ☐ Change ☐ Addition TITLE □ Detete BROWN, RAFAEL 🕸 NAME NAME STREET ADDRESS 6616 DAHLIA DRIVE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33023 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE BROWN, JACQUELINE NAME NAME 6616 DAHLIA DRIVE STREET ADDRESS STREET ADDRESS HOLLYWOOD, FL 33023 CITY-ST-ZIP CITY-ST-ZIP - Change ~ Addition TITLE - - Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**