

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90214 041 ***158.75

DOCUMENT # P04000055546 1. Entity Name A-1 ENTERTAINMENT, INC.																																															
Principal Place of Business 3125 LACOSTA CIRCLE, APT 202 NAPLES, FL 34105			Mailing Address 3125 LACOSTA CIRCLE, APT 202 NAPLES, FL 34105																																												
2. Principal Place of Business 3380 43RD AVE. NE		3. Mailing Address 3380 43RD AVE. NE.																																													
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																													
City & State NAPLES - FL		City & State NAPLES - FL		4. FEI Number 																																											
Zip 34120		Country USA		Applied For <input checked="" type="checkbox"/> Not Applicable																																											
5. Certificate of Status Desired 		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																													
6. Name and Address of Current Registered Agent BENDZA, JAMES S MICHAEL R. PINTER, P.A. 4328 CORPORATE SQUARE, SUITE C NAPLES, FL 34104			7. Name and Address of New Registered Agent Name MIGUEL A. FONT Street Address (P.O. Box Number is Not Acceptable) 3380 43RD AVE. NE City NAPLES FL Zip Code 34120																																												
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;"> D FONT, MIGUEL A 3125 LACOSTA CIRCLE, APT 202 NAPLES, FL 34105 </td> <td style="width: 10%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FONT, MIGUEL A 3125 LACOSTA CIRCLE, APT 202 NAPLES, FL 34105	<input type="checkbox"/> Delete																			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;"> D FONT, MIGUEL 3380 43RD AVE. NE NAPLES - FL - 34120 </td> <td style="width: 10%; text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FONT, MIGUEL 3380 43RD AVE. NE NAPLES - FL - 34120	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																		
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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. SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																															
<small>Date</small>																																															
<small>Daytime Phone #</small>																																															