

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90351 027 ***150.00

DOCUMENT # P04000073332 1. Entity Name FEDERATION X ENTERTAINMENT, INC.			
Principal Place of Business 14 EAST WASHINGTON STREET, SUITE 600 ORLANDO, FL 32801		Mailing Address 14 EAST WASHINGTON STREET, SUITE 600 ORLANDO, FL 32801	
2. Principal Place of Business 135 DRENNELL RD ORLANDO		3. Mailing Address 135 DRENNELL RD ORLANDO	
Suite, Apt. #, etc. ORLANDO		Suite, Apt. #, etc. ORLANDO	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32806		Zip 32806	
Country ORANGE		Country ORANGE	
4. FEI Number 37-1490366		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAIN, SUZANN M ESQ 14 EAST WASHINGTON STREET, SUITE 600 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name LANG, THOMAS F. ESQ Street Address (P.O. Box Number is Not Acceptable) 319 N. MAGNOLIA AVE City ORLANDO, FL Zip Code 32801	
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, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME GALLANT, ARMAND J	TITLE D	NAME GALLANT, ARMAND J
STREET ADDRESS 1243 LAKE WILLISARA CIRCLE	CITY-ST-ZIP ORLANDO, FL 32806	STREET ADDRESS 1243 LAKE WILLISARA CIRCLE	CITY-ST-ZIP ORLANDO, FL 32806
TITLE D	NAME GRANT, JOANNE C	TITLE D	NAME GRANT, JOANNE C
STREET ADDRESS 14 EAST WASHINGTON STREET, SUITE 600	CITY-ST-ZIP ORLANDO, FL 32801	STREET ADDRESS 14 EAST WASHINGTON STREET, SUITE 600	CITY-ST-ZIP ORLANDO, FL 32801
TITLE D	NAME GRANT, JOANNE C	TITLE D	NAME GRANT, JOANNE C
STREET ADDRESS 14 EAST WASHINGTON STREET, SUITE 600	CITY-ST-ZIP ORLANDO, FL 32801	STREET ADDRESS 14 EAST WASHINGTON STREET, SUITE 600	CITY-ST-ZIP ORLANDO, FL 32801
TITLE D	NAME GRANT, JOANNE C	TITLE D	NAME GRANT, JOANNE C
STREET ADDRESS 14 EAST WASHINGTON STREET, SUITE 600	CITY-ST-ZIP ORLANDO, FL 32801	STREET ADDRESS 14 EAST WASHINGTON STREET, SUITE 600	CITY-ST-ZIP ORLANDO, FL 32801
TITLE D	NAME GRANT, JOANNE C	TITLE D	NAME GRANT, JOANNE C
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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: Armand J. Gallant 4/1/05 407-375-5346 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			