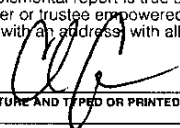


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90046 031 ***150.00

DOCUMENT # P04000099805 1. Entity Name CRISP COMEDY, INC.			
Principal Place of Business 65 SE SPANISH TRAIL 106 BOCA RATON, FL 33432 US		Mailing Address 65 SE SPANISH TRAIL 106 BOCA RATON, FL 33432 US	
2. Principal Place of Business 102 NE 2ND STREET Suite, Apt. #, etc. # 371		3. Mailing Address 102 NE 2ND STREET Suite, Apt. #, etc. # 371	
City & State BOCA RATON FL		City & State BOCA RATON FL	
Zip 33432	Country U.S.A.	Zip 33432	Country U.S.A.
4. FEI Number 20-1357815		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 CRISPIN, CARL 65 SE SPANISH TRAIL 106 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name CARL CRISPIN Street Address (P.O. Box Number is Not Acceptable) 102 NE 2ND STREET # 371 City BOCA RATON FL Zip Code 33432	
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: 		DATE: 8/5/05	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRISPIN, CARL 65 SE SPANISH TRAIL # 106 BOCA RATON, FL 33432	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. CRISPIN, LORI 65 SE SPANISH TRAIL #106 BOCA RATON, FL 33432	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE: 8/5/05 DAYTIME PHONE #: 616 291 1373	
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

50060368



07072005 Chg-P CR2E034 (10/03)