


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90468 009 ***150.00

DOCUMENT # P04000142044

1. Entity Name
TOC ENTERTAINMENT & MARKETING, INC.



Principal Place of Business Mailing Address
222 S NEW YORK AVE TOP FLOOR **222 S NEW YORK AVE TOP FLOOR**
WINTER PARK, FL 32789 **WINTER PARK, FL 32789**

66019735



2. Principal Place of Business 3. Mailing Address
200 W. Welbourne Ave **200 W. Welbourne Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 7 **Suite 7**
 City & State City & State
Winter Park FL **Winter Park FL**
 Zip Country Zip Country
32789 **USA** **32789** **USA**

04222005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
74-3133742 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

MCLEOD, EDWARD PA
284 PARK AVE NORTH
WINTER PARK, FL 32789

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDERS, JEANETTE C 222 S NEW YORK AVE TOP FLOOR WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: *Jeanette C. Linders* 4-28-05 407-478-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #