

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90137 022 \*\*\*150.00

**DOCUMENT # P04000156001**

1. Entity Name  
**EYES ON YOU ENTERTAINMENT, INC.**



Principal Place of Business  
**1441 TAMIAMI TRAIL, SUITE 385  
PORT CHARLOTTE, FL 33948**

Mailing Address  
**1441 TAMIAMI TRAIL, SUITE 385  
PORT CHARLOTTE, FL 33948**

**50046779**



2. Principal Place of Business  
**1441 Tamiami Trail**  
Suite, Apt. #, etc.  
**385**

3. Mailing Address  
Suite, Apt. #, etc.

01072005 Chg-P CR2E034 (10/03)

City & State  
**Port Charlotte FL**  
Zip  
**33948**

City & State  
Zip

Country

4. FEI Number  
**201974672**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NEEDHAM, PHUONG M.  
1441 TAMIAMI TRAIL, SUITE 385  
PORT CHARLOTTE, FL 33948**

**7. Name and Address of New Registered Agent**

Name  
**Rachelle Cox**  
Street Address (P.O. Box Number is Not Acceptable)  
**5917 Neen Ave**  
City  
**North Port FL** Zip Code  
**34284**

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 **Rachelle Cox**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
COX, RACHELLE L.  
1441 TAMIAMI TRAIL, SUITE 385  
PORT CHARLOTTE, FL 33948** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
NEEDHAM, PHUONG M.  
1441 TAMIAMI TRAIL, SUITE 385  
PORT CHARLOTTE, FL 33948** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P, S, T** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: **Rachelle Cox**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-05 941627-3937**  
Date Daytime Phone #

# ATTACHMENT

E.O.Y. Records, Inc.  
1441 Tamiami Trail, Suite 385  
Port Charlotte, Florida 33948  
Attention: Rachelle L. Cox.

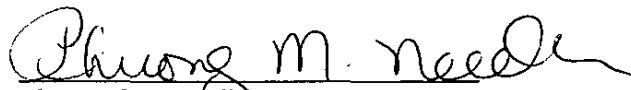
50046229  
#P04000156001

January 7, 2005

Dear Madam Secretary:

Please let this letter serve as notice that I hereby resign my position as a director and as vice-president and treasurer of E.O.Y. Records, Inc. effective this day, January 7, 2005.

Sincerely,

  
Phuong M. Needham