## 2006 FOR PROFIT CORPORATION

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF ICER OR DIRECTOR

## Apr 03, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P05000003480 04-03-2006 90397 024 \*\*\*150.00 1. Entity Name ZMC ENTERTAINMENT, INC. Principal Place of Business Mailing Address 50007903 1961 N. E. 31ST STREET 1961 N. E. 31ST STREET LIGHTHOUSE POINT, FL 33064 LIGHTHOUSE POINT, FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272006 CR2E034 (11/05) Chg-P City & State City & State Applied For Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, JOHN P 2499 GLADES ROAD Street Address (P.O. Box Number is Not Acceptable) SUITE 305A BOCA RATON, FL 33431 City Zip Code FL 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 Signature, typed or printed name of registered agent and little it applicable (NOTE, Registered Agent signature required whon reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD TITLE Delete Change ☐ Addition TITLE LEHR. ZELLA NAME NAME 1961 N. E. 31ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064 CITY-ST-ZIP ☐ Delete TITLE TITLE □ Change ■ Addition MASON, CONSTANCE NAME NAME STREET ADDRESS 111 BRINY AVENUE STREET ADDRESS CITY - ST-ZIP POMPANO BEACH, FL 33062 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition MARTINEZ, PHILLIP NAME NAME STREET ADDRESS 1961 N. E. 31ST STREET STREET ADDRESS CITY-SI-ZIP LIGHTHOUSE POINT, FL 33064 CITY-ST-ZIP TITLE ☐ Delete BILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

**FILED**