2006 FOR PROFIT CORPORATION

FILED Apr 27, 2006 8:00 am Secretary of State

	ANNUAL REPORT							u j	UI O	
	DOCUMENT # P05000006039].	04-27-200	6 90188	025 ***15	50.00
	1. Entity Name A. ENTERTAINMENT ENTERPRISES, INC.									
ŀ	Principal Place of Business Mailing Address				****	400	66,504			
800 BRICKELL AVENUE		800 BRICKELL AVENUE				* 13.				
١	-suite 707 Miami, FL 33131		- Suite 707 Miami, FL 33131			•				
ŀ	2. Principal Place of Busin	2000	3. Mailing Address							
		5. Walling Address				 	SIII BRIII BRII	51111		
	Suite Apt. #_etc.	107	Suite, Apt. # etc.	07		04242006	Chg-P	CR2E	034 (11/05)	
	City & State		City & State			4. FEI Numbe	7898	683	No	optied For ot Applicable
İ	Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
ŀ	6. Name and Address of Current Registered Agent						Address of New	— 	Agent	
	OPPENHEIM, STEVEN P						, STEVE			
	800 BRICKELL AVENUE				Street Address (P.O. Box Numbér is Not Acceptable).					
	MIAMI, FL 33131				SUI	TE 110	7			
				City	MI	AM (F	L Zip Cod	١٤ أ
	The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agents. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agents. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agents.				-	red agent, or both	n, in the State of F	lorida. Lan	n familiar with,	and accept
	SIGNATURE THE OPP				تد/لام			4-2	~{~}K	5
İ		or printed name of registered appension	id trie if applicable. (NOTE:	: Registered Agent sign		d when reinstating)		DATE		
		FEE IS \$150.00 6 Fee will be \$550.0	9. Election Campaig Trust Fund Contri			.00 May Be led to Fees				
1	10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AN	ID DIRECTOR	S IN 11
-	TITLE NAME		☐ Delete	TITLE NAME	90	PENHE	M/STE	UEN	P ☐ Change	Addition
	STREET ADDRESS			Street adoress	80	O BRI	W STE	Dre,	STE	1101
	CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP	love	DWI, PT	3313	12		
-	NAME		CTI Delete	NAME					☐] Change	Addition
	STREET ADDRESS CITY-ST-71P			STREET ADORESS CITY-ST-ZIP	•					
	TITLE		Delete	TITLE	+	-	 :		☐ Change	Addition
	NAME STREET ADDRESS			name Street address	.					
	CITY+ST-ZIP			CITY-ST-ZIP	'					
	TITLE		☐ Delete	TITLE					Change	Addition
	NAME STREET ADDRESS			NAME STREET ADDRESS	;					
	CITY-ST-ZIP			CITY-ST-ZIP						
	TITLE NAME		Delete	TITLE NAME					Change	Addition
-	STREET ADDRESS			STREET ADDRESS	;					
	CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP			***************************************		☐ Change	☐ Addition
-	NAME		LUI DOIGIU	NAME					C) onenge	
į	STREET ADDRESS			STREET ADDRESS	: 1					

12. I hereby 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 reportor 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 truster emptyered 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.

CITY-ST-ZIP

SIGNATURE:

CITY+ST-ZIP

SIGNATURE AND TYPED OR PE

ED LAME OF SIGNING OFFICER OR DIRECTOR

424.06

Daytime Phone #