


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90391 018 \*\*\*150.00

<b>DOCUMENT # P05000039358</b>	
1. Entity Name <b>DRIVEN ENTERTAINMENT, INC.</b>	

Principal Place of Business <b>4961 TRADEWINDS TERR DANIA BEACH, FL 33312</b>	Mailing Address <b>4961 TRADEWINDS TERR DANIA BEACH, FL 33312</b>
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2. Principal Place of Business <b>4961 Tradewindsterr</b>	3. Mailing Address <b>18722 Nautical Dr</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>303</b>

City & State <b>Dania Beach FL</b>	City & State <b>Cornelius NC</b>
Zip <b>33312</b>	Zip <b>28031</b>
Country <b>USA</b>	Country <b>USA</b>



02082006 Chg-P CR2E034 (11/05)

4. FEI Number <b>05-0619229</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WASSER, DANIELLE 4961 TRADEWINDS TERR DANIA BEACH, FL 33312</b>	
7. Name and Address of New Registered Agent Name <b>Same as before</b> Street Address (P.O. Box Number is Not Acceptable) <b>4961 Tradewindsterr</b> City <b>Dania Beach FL</b> Zip Code <b>33312</b>	

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 **Danielle Wasser** DATE **3.30.06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WASSER, DANIELLE 4961 TRADEWINDS TERR DANIA BEACH, FL 33312</b> <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 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.

SIGNATURE: **Danielle Wasser** DATE **3.30.06** (704) 664-2999 (954) 981-6499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR