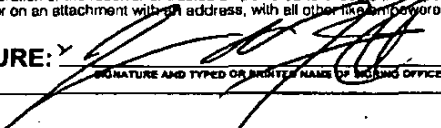


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

03-17-2006 90121 031 ***150.00

DOCUMENT # P05000105719					
1. Entity Name FUNKSIDE ENTERTAINMENT & LABTRONIX PRODUCTIONS INC					
Principal Place of Business 3600 N STATE RD 7 237 MIRAMAR, FL 33023			Mailing Address 3600 N STATE RD 7 237 MIRAMAR, FL 33023		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	02212006 Chg-P CR2E034 (11/05) 4. FEI Number 20-3254038 Applied For ☐ Not Applicable ☐	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FEARS, JAMES 3600 S STATE RD 7 237 MIRAMAR, FL 33023			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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	D,P ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	FEARS, JAMES		NAME		
STREET ADDRESS	3600 S STATE RD 7 STE 237		STREET ADDRESS		
CITY- ST- ZIP	MIRAMAR, FL 33023		CITY- ST- ZIP		
TITLE	D,VP ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	GIBBS, TRAVIS		NAME		
STREET ADDRESS	5433 SW 22 STREET		STREET ADDRESS		
CITY- ST- ZIP	HOLLYWOOD, FL 33023		CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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 807, 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: 			PRES. 2/21/06 954 893 0915		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66015550

