

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 22, 2008 08:00 A
Secretary of State**

Dept. of State

DOCUMENT # P06000035712

1. Entity Name
CBS AMUSEMENT, INC.



Principal Place of Business
**2323 DEL PRADO BLVD.
SUITE 6B
CAPE CORAL, FL 33990 US**

Mailing Address
**2323 DEL PRADO BLVD.
SUITE 6B
CAPE CORAL, FL 33990 US**



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4470124	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CASSANO, DOMINICK
241 S.W. 45TH TERRACE
CAPE CORAL, FL 33914**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$580.00**

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	P CASSANO, DOMINICK 2323 DEL PRADO BLVD. SUITE 6B CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC CASSANO, GINO 2323 DEL PRADO BLVD. SUITE 6B CAPE CORAL, FL 33990
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01/23/08-80041-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Dominick Cassano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #