

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2007 8:00 am**  
**Secretary of State**

07-26-2007 90031 031 \*\*\*150.00

<b>DOCUMENT # P06000110799</b> 1. Entity Name <b>C.U.Z.O ENTERTAINMENT, INC.</b>					
Principal Place of Business <b>2276 CHEROKEE COVE TRAIL JACKSONVILLE, FL 32221 US</b>			Mailing Address <b>2276 CHEROKEE COVE TRAIL JACKSONVILLE, FL 32221 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>FOREHAND, VICTAVEON M SR. 2276 CHEROKEE COVE TRAIL JACKSONVILLE, FL 32221</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,T FOREHAND, VICTAVEON M SR. 2276 CHEROKEE COVE TRAIL JACKSONVILLE, FL 32221	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOREHAND, VICTAVEON M II 2276 CHEROKEE COVE TRAIL JACKSONVILLE, FL 32221	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete			
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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>SIGNATURE:</b>   <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 35%; text-align: right;"> <b>7/18/07</b>  <small>Date</small>  <small>Daytime Phone #</small> </div> </div>					

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4. FEI Number **87-0783754** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required