

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 11, 2008 8:00 am**  
**Secretary of State**

09-11-2008 90003 017 \*\*\*150.00

DOCUMENT # P07000012521  
 1. Entity Name  
 GUY T ENTERTAINMENT INC.




Principal Place of Business  
 2352 CORAL SPRINGS DRIVE  
 CORAL SPRINGS, FL 33065

Mailing Address  
 2352 CORAL SPRINGS DRIVE  
 CORAL SPRINGS, FL 33065

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



08142008 Chg-P CR2E034 (12/06)

4. FEI Number  
 11-3826702

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 CAROTHERS, SCOTT  
 10275 W SAMPLE ROAD  
 CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent  
 Name Guy R. Telfort  
 Street Address (P.O. Box Number is Not Acceptable)  
2352 Coral Springs Drive  
 City Coral Springs FL Zip Code 33065

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] / president DATE \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TELFORT, GUY R	
STREET ADDRESS	2352 CORAL SPRINGS DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Telfort, Carmen	
STREET ADDRESS	2352 Coral Springs DR.	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: [Signature] DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7542358062  
 9543403457