

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90155 005 ***150.00

DOCUMENT # P07000060628 1. Entity Name J-MAC ENTERTAINMENT, INC.					
Principal Place of Business 1634 SE 47 ST., UNIT 4 CAPE CORAL, FL 33904			Mailing Address 1634 SE 47 ST., UNIT 4 CAPE CORAL, FL 33904		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <div style="text-align: center; font-size: 1.2em;">Unit #5</div>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-4608595 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04282008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent CERNUSKA, JOHN M. 1801 EVEREST PARKWAY CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name John A. Cernuska Street Address (P.O. Box Number is Not Acceptable) 1927 EVEREST PARKWAY City CAPE CORAL FL Zip Code 33904		
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 John A. Cernuska <i>[Signature]</i> 4-28-2008 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CERNUSKA, JOHN A. <input type="checkbox"/> Delete 1634 SE 47 ST., UNIT 4 CAPE CORAL, FL 33904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CERNUSKA, JOHN M. <input checked="" type="checkbox"/> Delete 1634 SE 47 ST., UNIT 4 CAPE CORAL, FL 33904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-28-08 239-297-4788 <small>Date Daytime Phone #</small>		