

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000075111

FILED
Mar 11, 2011
Secretary of State

Entity Name: C Z ENTERTAINMENT, INC.

Current Principal Place of Business:

1552 SE LADNER ST.
PORT ST. LUCIE, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

1552 SE LADNER ST.
PORT ST. LUCIE, FL 34983 US

New Mailing Address:

FEI Number: 27-1293530 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARRELL, RICKEY L ESQ.
1595 SE PORT ST LUCIE BLVD.
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: ZOBAY, JOSEPH L
Address: 1756 FAIRFIELD ST.
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: V/T
Name: COOK, FREDERICK H JR.
Address: 1552 SE LADNER ST.
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: D
Name: LEARY, WILMA
Address: 1100 SE MITCHELL AVE.
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: D
Name: COOPER, CHRISTOPHER
Address: 4464 SW FIRESIDE CIR.
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: D/AT
Name: BROWN, RONALD C
Address: 1525 BROCKTON AVE.
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: D
Name: HOFF, KENNETH V
Address: 5877 MUSTANG CIR.
City-St-Zip: PORT ST. LUCIE, FL 34987 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FREDERICK H. COOK JR.

V/T

03/11/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date