2005 FOR PROFIT CORPORATION ANNUAL REPORT

おかけける かかり

FILED Feb 17, 2005 8:00 am Secretary of State

DOCUI 1. Entity Name I SCREAM				•				-	01 S U 34 ***15						
Principal Place	7	40	U I Y				•								
900 MAIN STREET 2 SOUTH ATLANTIC AVE. DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 321									₽.						:
				*		·									<u> </u>
2. Principal Place of Business				Mailing Address	-										
Suite, Apt. #, etc.			S	uite, Apt. #, etc.		02082005 Chg-P				CR2E0					
City & State			City & State				4. FEI Num 59-31)				pplied For lot Applicable	
Zip	Zip Country		Zip C			untry		. Certificate	of Stat	tus Desire	ed		\$8.75 Ac		1 .
6. Name and Address of Current Registered Agent						Name	7	Name and	Addre	ese of Ne	w Reg		<u> </u>		
MYARA, DANIEL 900 MAIN STREET DAYTONA BEACH, FL 32118						Street Address	(P.C). Box Numbe	er is N	ot Accept	able)				
						8.4						T = ' -			
& The shows	named enti	ty eulomite this etatement	for the n	woose of changing its	register	City	arad	agent or her	th in th	no State o	f Eloric	FL	Zip Co		_
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, type	d or printed name of registered age	nt and title if	applicable. (NOT	ΓE: Registere	d Agent signature require	red wh	en reinstating)				DATE			
₹ FiLi After Ma	aign Finar tribution.			O May Be to Fees			 	•							
10.	DOTE	OFFICERS AN	D DIREC		11.			ADDITIONS/	/CHAN	IGES TO	OFFIC	ERS AND			
TITLE NAME	PSTD MYARA,	DANIEL		☐ Delete	TITL!								Change	Addition	1
STREET ADDRESS CITY-ST-ZIP		N STREET IA BEACH, FL				ET ADDRESS -ST-ZIP									\
TITLE				☐ Delete	TITL	l l							Change	Addition	,
NAME STREET ADDRESS						EET ADDRESS					-			·	
CITY-ST-ZIP		<u> </u>		☐ Delete	TITL	-ST-ZIP							☐ Change	Addition	
NAME Street address	•				NAM STRE	EET ADDRESS								_	
CITY-ST-ZIP					CITY	-ST-ZIP									
name Street address				☐ Delete	NAM STRE	l .							☐ Change	☐ Addition	1
CITY-ST-ZIP TITLE				□ Delete	CITY	-ST-ZIP									_
NAME	l .			· Delete	NAM	KE .		!	ţ					- 🔲 Addition	'
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '-ST-ZIP				_					-
title . Name Street address	j d			□ Delete -	NAM STRI		-		•	· 			Change -	Addition	1
CITY-ST-ZIP	certify that I	ne information supplied w	ith this fil	ing does not qualify f	of the eve	r-ST-ZIP	Secti	nn 119 07/3\	(i) Flor	rida Statu	toe I f	urther occ	tihi that tha	information	4
12. I hereby certify that the information supplied with this filing does not qualify but the exemption stated in Section 119.07(3)(i), 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. 386-															
SIGNAT	URE:	SIGNATURE AND TYPED O	n pluitred	NAME OF SIGNING OFFICER	1 _		' '	41W 1	-). 2/ Date	10/	200	253-S Paytime Phone #	5522	