


FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90004 047 ***550.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P92000015114			
1. Entity Name ENTERTAINMENT RESOURCE, INC.			
Principal Place of Business 290 BRYAN RD DANIA, FL 33004 US		Mailing Address 290 BRYAN RD DANIA, FL 33004 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		4. FEI Number 65-0378964 Applied For <input type="checkbox"/> Not Applicable	
5. Name and Address of Current Registered Agent MILLER, BRIAN 290 BRYAN RD. DANIA BEACH, FL 33004		6. Name and Address of New Registered Agent Name Pamela Lieberman Street Address (P.O. Box Number is Not Acceptable) 290 Bryan Road City Dania Beach FL Zip Code 33004	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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	DPS PARKER, RANDY L 10822 PINE RIDGE TRAIL DAVIE, FL 33325 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Louis J. Manetti <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 222 W. Adams Street, Suite 1000 Chicago, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURGMAN, JACK 2247 N. CHARTER POINT DRIVE ARLINGTON HEIGHTS, IL 60004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Jason Duzan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 222 W. Adams Street, Suite 100 Chicago, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PFANNKUCH, BOB 534 14TH STREET MANHATTAN BEACH, CA 90266 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARY, MASSEL 834 SHERIDAN ROAD GLENCOE, IL 60022 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARPEL, JAMES W 1102 NORTH OCEAN BLVD PALM BEACH, FL 33480 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MILLER, BRIAN 232 PLYMOUTH ROAD WEST PALM BEACH, FL 33405 <input checked="" 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 life empowered.			
SIGNATURE: <i>Pamela Forbes Lieberman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PAMELA FORBES LIEBERMAN		8/3/06 954-624-8533 Date Daytime Phone #	