

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000019713

FILED
Apr 04, 2005
Secretary of State

Entity Name: STING ENTERTAINMENT, INC.

Current Principal Place of Business:

6029 MIRAMAR PKWY
MIRAMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

6029 MIRAMAR PKWY
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: 65-0419554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, CARSON
18199 N.W. 61 COURT
MIAMI, FL 33015 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EDWARDS, CARSON
Address: 18199 N.W. 61 CT.
City-St-Zip: MIAMI, FL 33015

Title: VD () Delete
Name: ELCOCK, RICHARD
Address: 5546 N.W. 190 LANE
City-St-Zip: MIAMI, FL 33055

Title: D () Delete
Name: RAMSEY, ERIC
Address: 8980 NW 8TH ST.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: BURKE, RONALD
Address: 11601 N.W. 14 COURT
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: ELCOCK, RICHARD
Address: 9131 N.W. 24 PLACE
City-St-Zip: SUNRISE, FL 33322

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for 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 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 an address, with all other like empowered.

SIGNATURE: CARSON EDWARDS

P

04/04/2005

Electronic Signature of Signing Officer or Director

Date