2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P93000022845 May 05, 2005 08:00 AM Secretary of State 1. Entity Name TOPNOTCH ENTERTAINMENT CORP. Principal Place of Business Mailing Address BOX 1515 SANIBEL ISLAND FL 33957-1515 SANIBEL ISLAND FL 33957-1515 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0402354 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOLANIN, VINCENT M. Street Address (P.O. Box Number is Not Acceptable) 2135 COTTAGE STREET C/O B. H. HILLMYER FORT MYERS FL 33912 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THLE ☐ Delete THE Change Addition WOLANIN, VINCENT M NAME NAME BOX 1515 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANIBEL ISLAND FL CITY-ST-ZIP U00000361979 TITLE Delete TITLE ☐ Change ☐ Addition 05/05/05-80098-009 15d.00 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHIY-ST-ZIP TITLE Delete TITLE Change Addition NAME MARAE STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CLTY-ST-ZIP Addition THE ☐ Delete TITLE Change STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP THLE Delete TITLE 🔲 Change Aŭdiiù NAME MAME STREET ANDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify 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 file 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 employeed to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 ii changed, or on an attachment with an address with all phan like employeered.

Daytime Phone #