2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P930ccc46020 1. Entity Name PLAY TIME ENTERTAINMENT INC.						Jan 31, 2005 08:00 AM Secretary of State				
Principal Plac	e of Business	Mailing Address	 ,				,			
6235 EDGE ORLANDO US	WATER DR	6235 EDGEWATER DR ORLANDO FL 32810 US			(411)	 	i 8888 8010 81818 81111 88			
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 Numbe	^{er} 59-319293	2	-	plied For t Applicable		
Zip	Country	Zip	Count	try	5. Certificate	of Status Desired		5 Add		
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New I	Registered Agent			
				Name						
751	BATE, GEORGE M OLD MOUNT DORA ROAD BTIS FL 32726	Street Address		ss (PO Box Numbe	(P O Box Number is Not Acceptable)					
	71101202720									
			{	City		. ,	FL	ip 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 this if applicable. (NOTE Registered Agent signature required when reinstating) DATE										
<u> </u>	Signature, typed or printed name of registered agent a	TOPE	Registered	Agent signature rec	juired when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State						9. Election Camp Trust Fund Co			00 May Be d to Fees	
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	TICERS AND DIRE	CTORS	SIN 11	
TITLE	PST	☐ Delete	TITEF			-		hange	Addition	
NAME STREET ADDRESS CITY-ST ZIP	ASBATE, GEORGE M 751 OLD MOUNT DORA RD. EUSTIS FL 32726			CADDRESS SI-2P	0	00000020 01/31/05-80	16251 1074-023 15	50.OC)	
TITLE	VP	Detete	TITLE	- 			П 0	hange	Addition	
NAME	NOYES, DAWN		NAME				_	•	_	
STREET ADDRESS	751 OLD MOUNT DORA RD.			LADORESS						
CITY-ST-ZIP	EUSTIS FL 32726			ST ZIP						
TITLE NAME	VP ASBATE, EMILIE	Delete	NAME					nange	Addition 🗌	
STREET ADDRESS	11361 NW 29 PLACE			T ADDRESS						
CITY-ST-ZIP	SUNRISE FL 33323		CITY	Sĩ ZIP						
TITLE		☐ Delete	THTLE				c	hange	☐ Addition	
NAME			NAME	ļ						
STREET ADDRESS CITY-ST-ZIP		•		J ADDRESS ST-ZIP						
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NAME			NAME					•	_	
STREET ADDRESS			•	T,ADDHESS						
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HILE		☐ Delete	WRE	}			□ c	hange	Addition	
NAME STREET ADDRESS			NAMÉ STREE	J AODRESS						
CITY-ST-(IP				SI-7IP						
	cortify that the information running with	this filles door not qualify for			Castley 110 CTMV	V Florido Statutos	I fourth in a partification	+ 4h - "In	form exion	

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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 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.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Objeting Phone #