
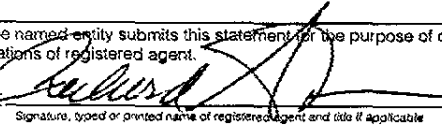
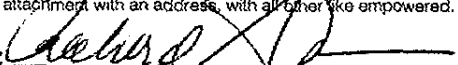


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000046790		
1. Entity Name EAGLE ENTERTAINMENT, INC.		
Principal Place of Business 3800 S. OCEAN DR. SUITE 206 HOLLYWOOD, FL 33019		Mailing Address 3800 S. OCEAN DR. SUITE 206 HOLLYWOOD, FL 33019
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MARCUS, RICHARD A 1151 HARRISON STREET HOLLYWOOD, FL 33019		DO NOT WRITE IN THIS SPACE
3. 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:  <small>Signature, typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARCUS, RICHARD A 1151 HARRISON STREET HOLLYWOOD, FL 33019	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MARCUS, JENNIFER 1151 HARRISON STREET HOLLYWOOD, FL 33019	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 1/6/04 Daytime Phone #: 954-455-8445



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0419094	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U000000001405
01/12/04-60006-015 150.00

**DO NOT WRITE
IN THIS SPACE**