2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 23, 2007 8:00 am Secretary of State DOCUMENT # P93000046790 04-23-2007 90055 008 ***150.00 EAGLE ENTERTAINMENT, INC. Principal Place of Business Mailing Address TUUNGATA 3800 S. OCEAN DR. 3800 S. OCEAN DR. SUITE 206 SUITE 206 HOLLYWOOD, FL 33019 HOLLYWOOD, FL 33019 3. Mailing Address 2. Principal Place of Business - No.P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 02062007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0419094 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARCUS, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 1151 HARRISON STREET HOLLYWOOD, FL 33019 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/ ame of registered agent and title if applicable ature, typed or printed 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition MARCUS, RICHARD A NAME 1151 HARRISON STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33019 CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition MARCUS, JENNIFER 1151 HARRISON STREET NAME MARCUS, JENNIFER 1151 HARRISON STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33019 CITY-ST-ZIP HOLLYWOOD, FL 33019 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 logal 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.