


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90228 018 \*\*\*150.00

<b>DOCUMENT # P95000047830</b> 1. Entity Name <b>FANTASY ENTERTAINMENTS, INC.</b>																									
Principal Place of Business <b>9013 TUDOR DRIVE</b> <del>6101</del> <b>TAMPA, FL 33615 US</b>			Mailing Address <b>1101 N. SATURN AVE.</b> <b>CLEARWATER, FL 33755 US</b>																						
2. Principal Place of Business <b>1101 N. SATURN AVE</b>		3. Mailing Address Suite, Apt. #, etc.																							
City & State <b>CLEARWATER, FL</b>		City & State Suite, Apt. #, etc.		4282004 Chg-P CR2E034 (10/03)																					
Zip <b>33755</b>		Country <b>US</b>		4. FEI Number <b>59-3318876</b>																					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable																					
6. Name and Address of Current Registered Agent <b>GRIFFIN, DAVID WPA</b> <b>565 SOUTH DUNCAN AVE</b> <b>CLEARWATER, FL 33756</b>			7. Name and Address of New Registered Agent Name <b>JEFF WARE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1101 N. SATURN AVE</b> City <b>CLEARWATER</b> FL Zip Code <b>33755</b>																						
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: <u><i>Jeff Ware</i></u> <u><i>Ross</i></u> <u><i>4/30/2004</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																						
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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: <u><i>Jeff Ware</i></u> <u><i>Ross</i></u> <u><i>Jeff Ware</i></u> <u><i>4/30/04</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																									