2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2006 8:00 am Secretary of State 05-02-2006 90230 034 ***150.00

DOCUMENT # P96000031219 1. Entity Name MIKE SIPE ENTERTAINMENT, INC.									03-02-2000	90230	034 ***13	0.00	
Principal Place of Business 1638 E ATLANTIC BLVD POMPANO BEACH, FL 33060			Ş	Mailing Address 900 E ATLANTIC BLVD STE 17 POMPANO BEACH, FL 33060					1		NTEID HINDI IIDID IS	TH aa i is a ca i	
2. Principal Place of Business			3.	3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03072006	Chg-P	CR2E	034 (11/05)		
City & State				City & State				4. FEI Number 65-066			⊢	pplied For ot Applicable	
, Zip Country			Zip Coun		itry		5. Certificate	of Status Desired		\$8.75 Add Fee Require			
	6. Name	and Address of Cur	rent Regis	stered Agent		Name		7. Name and	Address of New I	Registered	Agent		
STUPARITZ, ALAN D 900 E. ATLANTIC BLVD.							Name Street Address (P.O. Box Number is Not Acceptable)						
900 E. ATLANTIC BLVD. SUITE 17 POMPANO BEACH, FL 33060													
POMPANO BEACH, PL 33060										F	Zip Cod	ie	
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.										and accept			
SIGNATURE Signature, typed or printed name of registered agent and bitle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finant Trust Fund Contribution.													
After Ma						ncing	\$5. Adde	00 May Be ed to Fees					
After Ma	ay 1, 200		50.00	Trust Fund Cont	ribution.		\$5. Adde	ed to Fees	CHANGES TO OFF	FICERS AN	_/	SIN 11	
After Ma	PSD	6 Fee will be \$5	50.00	Trust Fund Cont	Tibution.		\$5. Adde	ADDITIONS			Change	S IN 11	
After Ma	PSD SIPE, MIC 2201 SE 9	6 Fee will be \$5	50.00 AND DIRE	Trust Fund Cont	11. TITU NAM STRE		Adde	ADDITIONS			Change		
10. TITLE NAME STREET ADDRESS	PSD SIPE, MIC 2201 SE 9	OFFICERS CHAEL D 9ST., #102	50.00 AND DIRE	Trust Fund Cont	11. TITU NAM STRE	E E Et address -ST-ZIP	Adde	ADDITIONS	ington Cin		Change		
After Ma	PSD SIPE, MIC 2201 SE 9	OFFICERS CHAEL D 9ST., #102	50.00 AND DIRE	Trust Fund Cont	Tibution. 11. TITU NAM STRE CITY TITUE	E E E ET ADDRESS -ST-ZIP E	Adde	ADDITIONS			Change	☐ Addition	
After Ma	PSD SIPE, MIC 2201 SE 9	OFFICERS CHAEL D 9ST., #102	50.00 AND DIRE	Trust Fund Cont	11. TITLE NAM STRE	E E E ET ADDRESS -ST-ZIP	Adde	ADDITIONS			Change	☐ Addition	
After Ma	PSD SIPE, MIC 2201 SE 9	OFFICERS CHAEL D 9ST., #102	50.00 AND DIRE	Trust Fund Cont	Tibution. 11. TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE TITLE	E E E E ET ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP E E	Adde	ADDITIONS			Change	☐ Addition	
After M: 10. IIILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	PSD SIPE, MIC 2201 SE 9	OFFICERS CHAEL D 9ST., #102	50.00 AND DIRE	Trust Fund Cont	Tibution. 11. TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME NAME NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME NAME NAME NAME NAME NAME NAME NAM	E E E E ET ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP E E	Adde	ADDITIONS			Change	☐ Addition	
After Ma	PSD SIPE, MIC 2201 SE 9	OFFICERS CHAEL D 9ST., #102	50.00 AND DIRE	Trust Fund Cont	Tibution. 11. TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE NAME STREE NAME STREE NAME STREE NAME STREE	E E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	Adde	ADDITIONS			Change	☐ Addition	
After Ma	PSD SIPE, MIC 2201 SE 9	OFFICERS CHAEL D 9ST., #102	50.00 AND DIRE	Trust Fund Cont	TITLE	E E E E E T ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E E T ADDRESS -ST-ZIP E E ET ADDRESS	Adde	ADDITIONS			Change	☐ Addition	
After Ma	PSD SIPE, MIC 2201 SE 9	OFFICERS CHAEL D 9ST., #102	50.00 AND DIRE	Trust Fund Cont	TITLE NAME STREET CITY NAME STREET CIT	E E E E E T ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E E T ADDRESS -ST-ZIP E E ET ADDRESS	Adde	ADDITIONS			Change Change	Addition Addition	
After Ma	PSD SIPE, MIC 2201 SE 9	OFFICERS CHAEL D 9ST., #102	50.00 AND DIRE	Trust Fund Cont	TIDUTION. 111. TITLE NAME STREE CITY TITLE NAME STREE STREE STREE	E E E E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	Adde	ADDITIONS			Change Change	Addition Addition	
After Ma	PSD SIPE, MIC 2201 SE 9	OFFICERS CHAEL D 9ST., #102	50.00 AND DIRE	Trust Fund Cont	TITLE NAME STREET NAME NAME NAME NAME NAME NAME NAME NAME	E E E E E E T ADDRESS -ST-ZIP E	Adde	ADDITIONS			Change Change	Addition Addition	
After Ma	PSD SIPE, MIC 2201 SE 9	OFFICERS CHAEL D 9ST., #102	50.00 AND DIRE	Trust Fund Cont	TITLE NAM STREE CITY NAM STREE	E E E E E E T ADDRESS -ST-ZIP E E ET ADDRESS	Adde	ADDITIONS			Change Change Change	Addition Addition Addition	
After M: 10. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SIPE, MIC 2201 SE 9	OFFICERS CHAEL D 9ST., #102	50.00 AND DIRE	Trust Fund Cont CTORS Delete Delete Delete Delete	TIDUTION. 111. TITLE NAM STRE CITY	E E E E E E E E E E E E E E E E E E E	Adde	ADDITIONS			Change Change Change	Addition Addition Addition Addition	
After Ma	PSD SIPE, MIC 2201 SE 9	OFFICERS CHAEL D 9ST., #102	50.00 AND DIRE	Trust Fund Cont	TITLE NAM STREE CITY NAM STREE	E E E E E E E E E E E E E E E E E E E	Adde	ADDITIONS			Change Change Change	Addition Addition Addition	
After Ma	PSD SIPE, MIC 2201 SE 9	OFFICERS CHAEL D 9ST., #102	50.00 AND DIRE	Trust Fund Cont CTORS Delete Delete Delete Delete	TIDUTION. 11. TITLE NAM STRE CITY TITLE NAM STRE	E E E E E E E E E E E E E E E E E E E	Adde	ADDITIONS			Change Change Change	Addition Addition Addition Addition	
After M: 10. IIILE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SIPE, MIC 2201 SE 9 POMPAN	OFFICERS OFFICERS CHAEL D 9ST., #102 IO BEACH, FL 330	62	Trust Fund Cont CTORS Delete Delete Delete Delete	TIDUTION. 11. TITLE NAM STRE CITY	E E E E E E E E E E E E E E E E E E E	486. Cora	ADDITIONS	ngton Cir	cle 33(Change Change Change	Addition Addition Addition Addition Addition	

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: