


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90862 017 \*\*\*150.00

<b>DOCUMENT # P96000031219</b>	
1. Entity Name <b>MIKE SIPE ENTERTAINMENT, INC.</b>	

Principal Place of Business <b>1638 E ATLANTIC BLVD POMPANO BEACH, FL 33060</b>	Mailing Address <b>900 E ATLANTIC BLVD STE 17 POMPANO BEACH, FL 33060 US</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address <b>1638 E Atlantic Blvd</b>  Suite, Apt. #, etc.
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City & State  <b>Pompano Beach FL</b>	City & State <b>Pompano Beach FL</b>
Zip <b>33060</b>	Country <b>US</b>

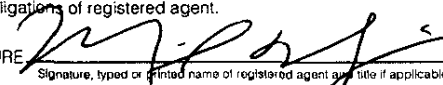


04262007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0666230</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>STUPARITZ, ALAN D 900 E. ATLANTIC BLVD. SUITE 17 POMPANO BEACH, FL 33060</b>	<b>7. Name and Address of New Registered Agent</b> Name <b>Michael Sipe</b> Street Address (P.O. Box Number is Not Acceptable) <b>1638 E. Atlantic Blvd.</b> City <b>Pompano Beach</b> <b>FL</b> Zip Code <b>33060</b>
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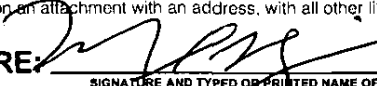
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Michael Sipe** **4/26/07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SIPE, MICHAEL D 4803 KENSINGTON CIRCLE CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:  **Michael Sipe** **4/26/07** **954-782-9118**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #