## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P96000094768

1. Entity Name PROGRESSIVE ENTERTAINMENT, INC.

FILED Apr 12, 2004 08:00 AM Secretary of State

Principal Place of Business 1241 MCDUFF AVE S JACKSONVILLE, FL 32205 Mailing Address 1241 MCDUFF AVE S IACKSONVILLE, FL 32205

## DO NOT WRITE IN THIS SPACE



CR2E034 (10/03)

4. FEI Number	 Applied For
59-3426115	 Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

5. Name and Address of Current Registered Agent

PAULDINE, JAMES N 1241 MCDUFF AVE S JACKSONVILLE, FL 32205

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

No Chg-P

03312004

<ol> <li>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.</li> </ol>							
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE, Register	rad Agent signature	required when reinstating)	DATE		
Fil. After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS		<u></u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAULDINE, JAMES N. 1623 TROY LYNN TR JACKSONVILLE, FL				U00000103123 04/12/04-80031-004 150.00		
TITLE HAME SYREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filling 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 triat by 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 flustee employeered 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 life employments.							

NTED NAME OF SIGNING OFFICER OR DIRECTOR