


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90273 034 \*\*\*158.75

**DOCUMENT # P96000095756**  
 1. Entity Name  
**PARADISE SHOW & DESIGN, INC.**



Principal Place of Business      Mailing Address  
**4380 36TH STREET**      **4380 36TH STREET**  
**ORLANDO FL 32811**      **ORLANDO FL 32811**

**44026617**



MOORE      CR2E034 (11/03)

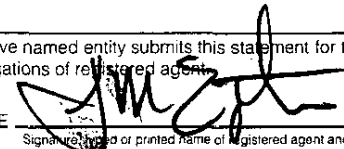
2. Principal Place of Business      3. Mailing Address  
**4653 35<sup>th</sup> Street**      **4653 35<sup>th</sup> Street**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Orlando, FL**      **Orlando, FL**  
 Zip      Country      Zip      Country  
**32811**      **USA**      **32811**      **USA**

4. FEI Number      Applied For  
**59-3420857**       Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**EPSTEIN, LAWRENCE M**  
**4380 36TH STREET**  
**ORLANDO FL 32811**

7. Name and Address of New Registered Agent  
 Name **Lawrence M Epstein**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4653 35<sup>th</sup> Street**  
 City **Orlando**      State **FL**      Zip Code **32811**

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       **Lawrence M Epstein**      DATE **4/9/2004**  
Signature (handwritten or printed name of registered agent and title if applicable)      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing       **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	EPSTEIN, LAWRENCE M	
STREET ADDRESS	4380 36TH STREET	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lawrence M. Epstein	
STREET ADDRESS	4653 35 <sup>th</sup> Street	
CITY-ST-ZIP	Orlando, FL 32811	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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       **Lawrence M Epstein**      DATE **4/9/2004**      DAYTIME PHONE # **407-649-7220**  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #