


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000004981 1. Entity Name FUN FUN ENTERTAINMENT, INC.	
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Principal Place of Business 1620 EMERSON STREET JACKSONVILLE, FL 32207	Mailing Address 1620 EMERSON STREET JACKSONVILLE, FL 32207
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DO NOT WRITE IN THIS SPACE



02262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3419976	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REINSCH, MARK A ESQ. 200 W. FORSYTH STREET SUITE 1400 JACKSONVILLE, FL 32202	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NOSRAT, BRUCE 1136 SOUTH EDGEWOOD AVENUE JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PARIS, RAY 1136 SOUTH EDGEWOOD AVENUE JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAKIM, TOM 1136 SOUTH EDGEWOOD AVENUE JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TAVOUSI, BIJAN 1136 SOUTH EDGEWOOD AVENUE JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NOSRAT, DELORES 1136 SOUTH EDGEWOOD AVENUE JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SUMON, MIKE 1136 SOUTH EDGEWOOD AVENUE JACKSONVILLE, FL 32205

U00000248013
03/02/05-80012-019 150.00

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:  BRUCE NOSRAT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	2/26/05 Date	818-888-7977 Daytime Phone #
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