

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000027133
 1. Entity Name
 EMERSON ENTERTAINMENT, INC.



Principal Place of Business Mailing Address
 370 CENTER POINTE CIRCLE 370 CENTER POINTE CIRCLE
 SUITE 1136 SUITE 1136
 ATLAMONTE SPRINGS, FL 32701 ATLAMONTE SPRINGS, FL 32701

DO NOT WRITE IN THIS SPACE



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3436037 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PASQUALETTI, JOSEPH P
 370 CENTER POINTE CIRCLE, SUITE 1136
 ATLAMONTE SPRINGS, FL 32701

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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 reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

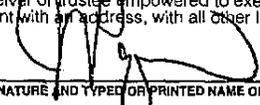
10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	PASQUALETTI, JOSEPH P
STREET ADDRESS	370 CENTER POINTE CIRCLE, SUITE 1136
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	D
NAME	PASQUALETTI, JOSEPH P
STREET ADDRESS	370 CENTERPOINTE CIRCLE, SUITE 1136
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **JOSEPH PASQUALETTI** 4/12/2005 (407) 352-1333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #