


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91021 003 ***150.00

DOCUMENT # P97000045840 1. Entity Name KEY EAST ENTERTAINMENT, INC.			
Principal Place of Business 1617 NE 8TH STREET FORT LAUDERDALE, FL 33304 US		Mailing Address 1617 NE 8TH STREET FORT LAUDERDALE, FL 33304 US	
2. Principal Place of Business 1530 Tyler Street Suite, Apt. #, etc.		3. Mailing Address 388 Oak Terrace Suite, Apt. #, etc.	
City & State Hollywood, FL Zip 33020 Country		City & State West Reading PA Zip 19011 Country	
4. FEI Number 65-0762125		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOUTH FLORIDA REGISTERED AGENTS, INC. 200 E. LAS OLAS BLVD SUITE 1900 FORT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARKE, MICHAEL 1617 NE 8TH ST FORT LAUDERDALE, FL 33304	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete P CLARKE, MICHAEL 1530 TYLER STREET HOLLYWOOD, FL 33020
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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)(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: <i>Michael Clarke</i> Michael Clarke		Date 4/22/04 Daytime Phone # 954-444-7167	