

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90399 045 \*\*\*150.00

**DOCUMENT # P97000071099**

1. Entity Name  
**PURE ENERGY ENTERTAINMENT, INC.**



Principal Place of Business  
1638 E ATLANTIC BLVD  
POMPANO BEACH, FL 33060 US

Mailing Address  
900 E. ATLANTIC BLVD.  
POMPANO BEACH, FL 33060

40007200



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

4650 Coral Ridge Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102008

Chg-P

CR2E034 (12/06)

City & State

City & State

Coral Springs FL

4. FEI Number

65-0775057

Applied For

Not Applicable

Zip

Country

Zip

33076

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIPE, MICHAEL  
1638 E. ATLANTIC BLVD  
POMPANO BEACH, FL 33060

Name

Street Address (P.O. Box Number is Not Acceptable)

4650 Coral Ridge Dr

City

Coral Springs

FL

Zip Code

33076

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PST  
SIPE, MICHAEL  
4803 KENSINGTON CIRCLE  
CORAL SPRINGS, FL 33076 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael Spe

4/24/08

954-782-9118