2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 23, 2004 08:00 AM DOCUMENT # P97000078504 Secretary of State CELEBRITY'S ENTERTAINMENT OF TAMPA, INC. Principal Place of Business Mailing Address 3702 EAST 7TH AVENUE P.O. BOX 4445 TAMPA, FL 33605 WINTER PARK, FL 32793 02042004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3466373 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GERJEL, GREGORY P ESQ. DO NOT WRITE 540 DOUGLAS AVENUE ALTAMONTE SPRINGS, FL 32714 IN THIS SPACE 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 primed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \Box Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE BETHEL, DON NAME STREET ADDRESS 425 PELICAN DRIVE CITY-ST-ZIP OLDSMAR, FL 34677 -- UOOOOOA1568 TITLE VT 02/23/04-20083-025 150.0∏ CALABRESE, THOMAS NAME STREET ADDRESS. 540 DOUGLAS AVENUE CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP RRE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Flortda 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.

Thomas Calabrese,

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-7IP

Vice President/Treasure Feb. 18, 2004 407 788-111 SIGNATURE: NAME OF SIGNING OFFICER OR DIRECTOR