


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90021 024 ***150.00

DOCUMENT # P97000101016	
1. Entity Name FUNWAY ENTERTAINMENT, INC.	

Principal Place of Business 4630 S KIRKMAN RD #734 ORLANDO FL 32807	Mailing Address 18627 BROOKHURST STREET #617 FOUNTAIN VALLEY CA 92708
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2. Principal Place of Business		3. Mailing Address 11693 SAN VICENTE BLVD #468 LOS ANGELES, CA 90049 USA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/04)

4. FEI Number 58-3526806	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 TEPLITZKY, FRANK 4630 S. KIRKMAN ROAD STE 734 ORLANDO FL 32807	
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7. Name and Address of New Registered Agent	
Name BURT TEPLITZKY	
Street Address (P.O. Box Number is Not Acceptable) 4630 S. KIRKMAN RD ste 734	
City ORLANDO	FL Zip Code 32807

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 *Burt Teplitzky* (NOTE: Registered Agent signature required when re-registering) DATE 3-11-05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P TEPLITZKY, BURT A 18627 BROOKHURST ST., #617 FOUNTAIN VALLEY FL 92708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor
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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: *Burt Teplitzky* 3-11-05 877.646-7768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #