


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90019 023 ***150.00

DOCUMENT # P97000101384	
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1. Entity Name
FCM ENTERTAINMENT INC.

Principal Place of Business 757 SE 17TH ST #236 FT LAUDERDALE, FL 33316 US	Mailing Address 757 SE 17TH ST Two So UNIVERSITY DR #236 # 215 FT LAUDERDALE, FL 33316 US PLANTATION FL 33324
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2. Principal Place of Business	3. Mailing Address 90 BRUN LYN
Suite, Apt. #, etc.	Suite, Apt. #, etc. Two So UNIVERSITY DR STE 215
City & State	City & State PLANTATION FL
Zip	Country 33324 Broward

02102004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0795482	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 MANDARO, FRANK C 757 SE 17TH STREET, #236 FT LAUDERDALE, FL 33316	7. Name and Address of New Registered Agent Name BRIAN LYNN CPA Street Address (P.O. Box Number is Not Acceptable) TWO SOUTH UNIVERSITY DRIVE SUITE 215 City PLANTATION FL Zip Code 33324
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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 *[Signature]* DATE 2/12/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS MANDARO, FRANK C 757 SE 17TH STREET, #236 FT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Frank Mandaro* 2-10-04 301-407-9985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #