

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000006920

1. Entity Name
MARQUEE ENTERTAINMENT GROUP, INC.



Principal Place of Business
**9705 NE 2ND AVE
MAM, FL 33138 US**

Mailing Address
**1417 VAN BUREN ST
HOLLYWOOD, FL 33020**

DO NOT WRITE IN THIS SPACE



03192003 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0809165

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, BRAD
1417 VAN BUREN ST
HOLLYWOOD, FL 33020**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DAVIS, BRAD
STREET ADDRESS	1417 VAN BUREN ST
CITY - ST - ZIP	HOLLYWOOD, FL 33020
TITLE	S
NAME	DAVIS, CAROL
STREET ADDRESS	1417 VAN BUREN ST
CITY - ST - ZIP	HOLLYWOOD, FL 33020
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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06/11/04-80001-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Brad Davis / BRAD DAVIS

5/25/04 954-9235669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #