


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 08:00 A
Secretary of State

| | |
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| DOCUMENT # P98000014947 |  |
| 1. Entity Name B & R ENTERTAINMENT, INC. | |

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| Principal Place of Business 609 SHERIDAN WOODS DR WEST MELBOURNE FL 32904 | Mailing Address 609 SHERIDAN WOODS DR WEST MELBOURNE FL 32904 |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
|---|---|

1st MOORE CR2E034 (10/06)

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|---|-------------------------------|
| 4. FEI Number 65-0813136 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent DRISCOLL, RICHARD D 609 SHERIDAN WOODS DR. MELBOURNE FL 32904 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

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 reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 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 | |
|-----------------------------------|--|
| TITLE NAME | PTD DRISCOLL, RICHARD D <input type="checkbox"/> Delete |
| STREET ADDRESS CITY - ST - ZIP | 609 SHERIDAN WOODS DR WEST MELBOURNE FL 32904 |
| TITLE NAME | VSD DRISCOLL, BRENDA <input type="checkbox"/> Delete |
| STREET ADDRESS CITY - ST - ZIP | 609 SHERIDAN WOODS DR WEST MELBOURNE FL 32904 |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY - ST - ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY - ST - ZIP | U00000677120 03/30/07-80087-015 150.00 |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY - ST - ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Richard D. Driscoll **Richard D. DRISCOLL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #