

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91223 012 ***158.75

DOCUMENT # P98000062841



1. Entity Name

MIDKNIGHT MARQUEE ENTERTAINMENT, INC.

Principal Place of Business

**141 FAIRVIEW AVE
STE 1
DAYTONA BEACH FL 32114**

Mailing Address

**141 FAIRVIEW AVE
STE 1
DAYTONA BEACH FL 32114**

24066889



MOORE

CR2E034 (11/03)

2. Principal Place of Business

**141 FAIRVIEW AVE
Suite, Apt. #, etc.
SUITE 3
City & State
DAYTONA BEACH FL
Zip
32114
Country
USA**

3. Mailing Address

**141 FAIRVIEW AVE
Suite, Apt. #, etc.
SUITE 3
City & State
DAYTONA BEACH FL
Zip
32114
Country
USA**

4. FEI Number

59-3572302

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARICH-MORSE, VICKIE "STORMY"
141 FAIRVIEW AVE STE 1
DAYTONA BEACH FL 32114**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: 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

TITLE **PTSD** ☐ Delete
NAME **HARICH-MORSE, VICKY "STORMY"**
STREET ADDRESS **141 FAIRVIEW AVE STE 1**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **CM** ☐ Delete
NAME **HARICH-MORSE, VICKY "STORMY"**
STREET ADDRESS **141 FAIRVIEW AVE STE 1**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **V** ☐ Delete
NAME **WHITE, LISA**
STREET ADDRESS **450 S. AFRICAN AVE. #1059**
CITY-ST-ZIP **MESA AZ 85204**

TITLE **VM** ☐ Delete
NAME **MORSE, RANDAL S**
STREET ADDRESS **141 FAIRVIEW AVE STE 1**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **V** ☐ Delete
NAME **BUCK, ROBERT**
STREET ADDRESS **540 OLYMPIC VILLAGE #10**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **V** ☐ Delete
NAME **ELKINGTON, TRACIE**
STREET ADDRESS **1601 BIG TREE ROAD # 207**
CITY-ST-ZIP **DAYTONA BEACH FL 32119**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Change ☒ Addition
NAME **VICKIE PRESIDENT**
STREET ADDRESS **ISRAK D MANUMALEUVA**
CITY-ST-ZIP **141 FAIRVIEW AVE SUITE 2
DAYTONA BEACH, FLA 32114**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Vickie "Stormy" Harich Morse CEO PTSD/CM **4-28-04** **323-6167**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #