


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000066401</b>	
1. Entity Name <b>PHASE II ENTERTAINMENT, INC.</b>	

Principal Place of Business <b>6029 MIRAMAR PARKWAY MIRAMAR, FL 33023</b>	Mailing Address <b>6029 MIRAMAR PARKWAY MIRAMAR, FL 33023</b>
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	
<b>ELCOCK, RICHARD 8820 S BERMUDA DR HOLLYWOOD, FL 33025</b>	

	
01282004	No Chg-P CR2E034 (10/03)
4. FEI Number <b>65-0855477</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

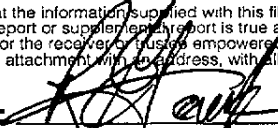
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELCOCK, RICHARD 8820 S BERMUDA DRIVE MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURKE, RONALD 11601 NORTH WEST 14TH COURT PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EDWARDS, CARSON 18199 NORTH WEST 61ST COURT MIAMI, FL 33015
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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02/06/04-80045-018 150.00

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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 my address, with all other like empowered.

**SIGNATURE:**  **1-28-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #