

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90001 012 ***150.00

DOCUMENT # P98000083847

1. Entity Name
OASIS ENTERTAINMENT, INCORPORATED



Principal Place of Business
5100 S. CLEVELAND AVENUE
PMB #318-161
FT. MYERS, FL 33907 US

Mailing Address
5100 S. CLEVELAND AVENUE
PMB #318-161
FT. MYERS, FL 33907 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02112004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0866717

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANNAN-ANTON, LAURIE ESQ.
5100 S. CLEVELAND AVENUE
PMB #318-161
FT. MYERS, FL 33907

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's signature required after filing.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DP
ANTON, LAURIE
5100 S CLEVELAND AVE PMB 318 161
FT. MYERS, FL 33907

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change
FL
Myers, FL 33907

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP
Change
Addition

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Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(a), Florida Statutes. I further certify that the information indicated on this report or supplement thereto is true and correct, 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 prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 of this report, or on an attachment with an address, with all powers or powers.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laurie Anton
Laurie Anton
2/11/04

289-844-9201