

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90239 032 ***150.00

DOCUMENT # P98000084549

1. Entity Name
TIFFANY ENTERTAINMENT, INC.



Principal Place of Business
**505 WEKIVA SPRINGS RD.
SUITE 800
LONGWOOD, FL 32779**

Mailing Address
**505 WEKIVA SPRINGS RD.
SUITE 800
LONGWOOD, FL 32779**

2. Principal Place of Business
320 W. Sabal Palm Place
Suite, Apt. #, etc.
Suite 300

3. Mailing Address
320 W. Sabal Palm Place
Suite, Apt. #, etc.
Suite 300

City & State
Longwood, FL

City & State
Longwood, FL

Zip
32779

Country

Zip
32779

Country

04262004 Chg-P CR2E034 (10/03)



4. FEI Number
59-3535257

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KEIDAISH JR., PHILIP F
505 WEKIVA SPRINGS ROAD
SUITE 800
LONGWOOD, FL 32779**

7. Name and Address of New Registered Agent

Name
Keidaish, Jr., Philip F.
Street Address (P.O. Box Number is Not Acceptable)
320 W. Sabal Palm Place
Suite 300
City
Longwood, FL Zip Code
32779

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**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **KEIDAISH, PHILIP F JR**
STREET ADDRESS **505 WEKIVA SPRINGS RD.**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Keidaish, Philip F. Jr.**
STREET ADDRESS **320 W. Sabal Palm Place, #300**
CITY-ST-ZIP **Longwood, FL 32779**

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #