

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 8:00 am
Secretary of State

08-28-2006 90002 014 ***150.00

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DOCUMENT # P98000089667 1. Entity Name SHOWTIME ENTERPRISES, INC.			
Principal Place of Business 9640 BOGGY CREEK ROAD BLDG B # 3 ORLANDO, FL 32824		Mailing Address 9640 BOGGY CREEK ROAD BLDG B # 3 ORLANDO, FL 32824	
2. Principal Place of Business 5260 SW 123rd Ave Suite, Apt. #, etc.		3. Mailing Address 5260 SW 123rd Ave Suite, Apt. #, etc.	
City & State Cooper City, FL Zip Country 33330 US		City & State Cooper City, FL Zip Country 33330 US	
4. FEI Number 65-0873060		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAINES, DARLENE K 9640 BOGGY CREEK ROAD BLDG B # 3 ORLANDO, FL 32824		7. Name and Address of New Registered Agent Name Haines, Darlene K Street Address (P.O. Box Number is Not Acceptable) 5260 SW 123rd Ave City Cooper City FL Zip Code 33330	
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: <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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-ST-ZIP	D HAINES, DARLENE K 9640 BOGGY CREEK ROAD BLDG B # 3 ORLANDO, FL 32824	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Haines, Darlene K 5260 SW 123rd Ave Cooper City, FL 33330	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 8-24-06 <small>Daytime Phone #</small>	