


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90013 001 \*\*\*150.00

**DOCUMENT # P99000000985**

1. Entity Name  
**ESP EVENTS, INC.**



Principal Place of Business  
**2404 HOLLYWOOD BLVD  
 HOLLYWOOD, FL 33020**

Mailing Address  
**2404 HOLLYWOOD BLVD  
 HOLLYWOOD, FL 33020**

94024700

2. Principal Place of Business  
**16451 NE 6th Av.**

3. Mailing Address  
**16451 NE 6th Av.**

Suite, Apt. #, etc.



02242004 Chg-P CR2E034 (10/03)

City & State  
**NORTH MIAMI BEACH, FL**

City & State  
**NORTH MIAMI BEACH, FL**

Zip  
**33162**

Country  
**US**

Zip  
**33162**

Country  
**U.S.**

4. FEI Number  
**65-0884876**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GWECK, STEVEN J  
 2404 HOLLYWOOD BLVD  
 MIAMI, FL 33162**

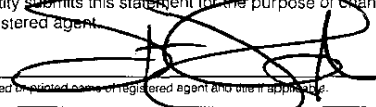
7. Name and Address of New Registered Agent

Name **GLUECK, STEVEN J.**

Street Address (P.O. Box Number is Not Acceptable)  
**16451 NE 6th Av**

City **NORTH MIAMI BEACH FL** Zip Code **33162**

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  DATE **3/1/04**

Signature, typed or printed name of registered agent and date required. (NOTE: Registered Agent signature required when reinstating)

**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

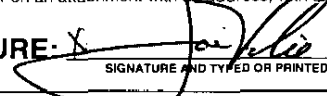
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VELIE, JOSEPH J III 1370 ROUTE 103 #15 <del>MIAMI, FL 33135</del> <b>Newbury, NH 03255</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VELIE, DIANA LEE 1370 ROUTE 103 #15 NEWBURY, NH 03255	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRIMMINS, PHYLLIS A 63 SYLVAN KNOLL ROAD STAMFORD, CT 06902	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  **JOSEPH J. VELIE, III** DATE **2/27/04** DAYTIME PHONE # **603/763-8863**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR