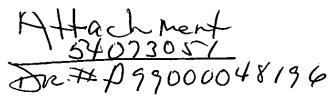
## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Sep 17, 2004 8:00 am Secretary of State

09-17-2004 90002 008 \*\*\*158.75 **DOCUMENT # P99000048196** SCREAMIN EAGLE ENTERPRISES, INC. Principal Place of Business Mailing Address 54073051 660 DOVER STREET 660 DOVER STREET SUITE A-15 SUITE A-15 BOCA RATON, FL 33487 BOCA RATON, FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 65-0924055 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EAGLE, GARY Street Address (P.O. Box Number is Not Acceptable) 660 DOVER STREET SUITE A-15 BOCA RATON, FL 33487 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PS ☐ Delete TITLE TITLE ☐ Addition FACLE GARY NAME NAME STREET ADDRESS 660 DOVER STREET, SUITE A-15 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. RINTED NAME OF SIGN OFFICER O Daytime Phone #



## Screamin Eagle Enterprises, Inc.

660 Dover Street, #A-15 Boca Raton, Florida 33487

September 15, 2004

Glenda E. Hood Secretary of State Florida Department of State Division of Corporations

Subject: Uniform Business Report (UBR)

I'm informing you the above corporation Screamin Eagle Enterprises Incorporated did not receive the prior Uniform Business Report notice. I'm enclosing the executed URB, and original \$150.00 filing fee. I regret I was unable to file the URB without penalty online and respectively request the \$400.00 late fee be waived.

If you have any questions or desire additional information, please contact me.

Sincerely,

Gary G. Eagle President