


07-05-2005 90224 037 ***150.00
P99000063169

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 OCT 10 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000063169					
1. Entity Name NOHANDS ENTERTAINMENT, INC.					
Principal Place of Business 1220 NW 89 DR CORAL SPRINGS, FL 33071			Mailing Address 1220 NW 89 DR CORAL SPRINGS, FL 33071		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0934671	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAHAM, KELLEY D 1220 NW 89 DR CORAL SPRINGS, FL 33071 <i>(My name changed legally after divorce - Address is the same.)</i>			7. Name and Address of New Registered Agent Name: Dolan, Kelley C. Street Address (P.O. Box Number is Not Acceptable): 1220 NW 89 Dr. City: Coral Springs FL Zip Code: 33071		
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: <u>Kelley C. Dolan, President</u> <u>Kelley C. Dolan</u> 7/1/05 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when verifying)</small> DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS GRAHAM, KELLEY D 1220 NW 89 DRIVE CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST Dolan, Kelley C. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1220 NW 89 Drive Coral Springs, FL 33071		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT GRAHAM, JASON A <input checked="" type="checkbox"/> Delete 1220 NW 89 DRIVE CORAL SPRINGS, FL 33071	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"/> Delete	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"/> Delete	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"/> Delete	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)(f), 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: <u>Kelley C. Dolan</u> <u>Kelley C. Dolan</u> 7/1/05 954-474- <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> 5663					

* Reported in error - Diss. removed + filed w/o penalty

no Hands Entertainment, Inc.

rely

October 4, 2005

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Division of Corporations,

I just received a "Notice of Dissolution or Revocation" for No Hands Entertainment, Inc., Document #P99000063169.

I did not receive the initial renewal notice for the UBR. In July, I received a late notice and went to the website, printed out the renewal form – after clicking on a link saying that the renewal notice was not received – and I submitted the form with the \$150 renewal fee. My check #950 for \$150 was accepted – it cleared my bank ages ago.

My business is very small and I cannot afford to pay a \$400 late penalty. Since the report was submitted (in July), and my check has been cashed, I request that my Uniform Business Report be filed with the \$150 renewal, and my corporation not be dissolved.

I can be contacted at (954) 474-5663.

Thank you very much.

Sincerely,

Kelley C. Dolan

Kelley C. Dolan

President, no Hands Entertainment, Inc.