


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90040 015 ***150.00

DOCUMENT # P99000078157 1. Entity Name DIAMONDBACK ENTERTAINMENT, INC.					
Principal Place of Business 60 N.E. 11 ST MIAMI, FL 33132 US			Mailing Address 3469 NE 169 STR MIAMI, FL 33160 US		
2. Principal Place of Business 3469 NE 169 Street Suite, Apt. #, etc.		3. Mailing Address 3469 NE 169 Street Suite, Apt. #, etc.			
City & State North Miami Beach, Florida Zip 33160		City & State North Miami Beach, Florida Zip 33160		4. FEI Number 65-1018930	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOULIAGUINE, EVGUENI 3469 NE 169 STREET NORTH MIAMI BEACH, FL 33160				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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><i>ECy</i></u> DATE <u>4/5/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restateing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		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	VT SOULIAGUINE, EVGUENI 3469 NE 169 STR N MIAMI BEACH, FL 33160	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS SOULIAGUINE, EVGUENI 3469 NE 169 STREET NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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: <u><i>ECy</i></u> DATE <u>4/5/04</u> DAYTIME PHONE # <u>(305) 725-9594</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					