


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000084518**  
 1. Entity Name  
**TRIBALFILM ENTERTAINMENT INC.**



Principal Place of Business  
**4733 OLIVE BRANCH RD #709**  
**ORLANDO, FL 32811**

Mailing Address  
**4733 OLIVE BRANCH RD #709**  
**ORLANDO, FL 32811**



**DO NOT WRITE IN THIS SPACE**

04132005 No Chg-P CR2E034 (10/03)

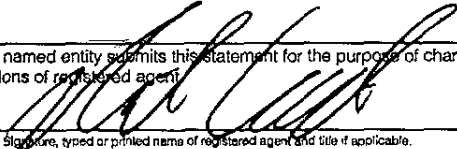
4. FEI Number <b>58-2497742</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CIRCELLI, NICHOLAS E**  
**4733 OLIVE BRANCH RD #709**  
**ORLANDO, FL 32811**

**DO NOT WRITE IN THIS SPACE**

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: **4/13/05**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

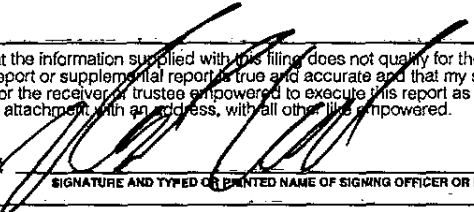
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIRCELLI, NICHOLAS E 4733 OLIVE BRANCH RD #709 ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HABIG, JEREMY D 1909 PARKLAKE ST ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENSCHEN, JAMES 6213 BENT PINE DR #133B ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 04/15/05-80043-014 150.00

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 reports 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:  DATE: **4/13/05** DAYTIME PHONE #: **407-843-2027**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR