## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P99000090358**

1. Entity Name

SCREAM ENTERTAINMENT NETWORK, INC.

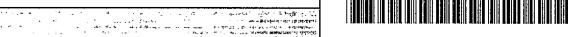


FILED Feb 26, 2004 08:00 AM Secretary of State

Principal Place of Business

2721 NW 179TH ST. MIAMI, FL 33056 Mailing Address

2721 NW 179TH ST. MIAMI, FL 33056



## DO NOT WRITE IN THIS SPACE

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5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIGGINS, WARREN 2721 NW 179TH ST. MIAMI, FL 33056

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

## DO NOT WRITE

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	named entity submits this statement for the patient of registered agent.	urpose of changing its registere	ed office or r	registered agent, or bot	h, in the State of Florida. I am fan	niliar with, and accept
SIGNATURE.	<u> </u>			•		
	Signature, typed or printed name of registered agent and title i	f applicable (NOTE, Registered	d Agent signatur	e required when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	<ol><li>Election Campaign Finan Trust Fund Contribution.</li></ol>	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS	1	· · · · · · · · · · · · · · · · · · ·	F 4 (F2)	The second second
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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 attackment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND DURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/17/04

Douline Phone #