2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000111790

1. Entity Name
MOWAT & MARKS ENTERTAINMENT COMPANY, INC.

FILED
Jan 12, 2004 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
P.O. BOX 320765 COCOA BEACH, FL 32932	P.O. BOX 320765 COCOA BEACH, FL 32932

01092004 No Chg-P CR2E084 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2694600
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARKS, MICHAEL
404 BANANA RIVER BLVD.
COCOA BEACH, FL 32931

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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: Michael Marks 1/9/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required if box checked.) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS
TITLE	P
NAME	MARKS, MICHAEL
STREET ADDRESS	404 BANANA RIVER BLVD.
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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01/13/04-80022-025 150.00

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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)(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: Michael Marks Michael Marks 1/9/04 321-868-7771
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR Date Daytime Phone #