


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 25, 2008 08:00 AM  
Secretary of State**

DOCUMENT # S19314 1. Entity Name COWAN ENTERTAINMENT, INC.	
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Principal Place of Business 3725 S OCEAN DR #718 HOLLYWOOD, FL 33019	Mailing Address 3725 S OCEAN DR #718 HOLLYWOOD, FL 33019
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01092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0237462	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MORSE, ROCHELLE F 3725 S OCEAN DR. #718 HOLLYWOOD, FL 33019
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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000000869478  
04/09/08-80051-020 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWAN, IRVING 1615 DIPLOMAT PKWY HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWAN, MARJORIE 1615 DIPLOMAT PKWY HOLLYWOOD, FL
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Irving Cowan* *Marjorie Cowan* 3/20/08 954-458-8998  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #