

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90047 045 \*\*\*150.00

<b>DOCUMENT # V35491</b> 1. Entity Name <b>EVENTNET USA, INC.</b>					
Principal Place of Business <b>1129 S.E. 4TH AVENUE FT. LAUDERDALE, FL 33316</b>			Mailing Address <b>11450 INTERCHANGE CIRCLE NORTH HOLLYWOOD, FL 33025</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>65-0330293</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BENSON, JOEL 2800 GALT OCEAN DRIVE UNIT 806 FT. LAUDERDALE, FL 33308</b>			7. Name and Address of New Registered Agent Name <b>Joel Benson</b> Street Address (P.O. Box Number is Not Acceptable) <b>3800 GALT OCEAN DRIVE</b> <b>Unit 806</b> City <b>Ft. Lauderdale</b> <b>FL</b> Zip Code <b>33308</b>		
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 <b>Joel Benson</b> <i>Joel Benson</i> DATE <b>1/21/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>BENSON, JOEL</b> <b>3800 GALT OCEAN DR. #806</b> <b>FT. LAUDERDALE, FL 33308</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <b>Joel Benson</b> <i>Joel Benson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1/21/05</b> Daytime Phone # <b>954-467-9898</b>		

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