

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 16, 2007 8:00 am**  
**Secretary of State**

08-16-2007 90013 003 \*\*\*150.00

**DOCUMENT # P06000060650**  
 1. Entity Name  
**AMAZING EVENTS ENTERTAINMENT INC.**



Principal Place of Business  
**7652 PANTHERA COURT**  
**ORLANDO, FL 32822 US**

Mailing Address  
**7652 PANTHERA COURT**  
**ORLANDO, FL 32822 US**

2. Principal Place of Business - No P.O. Box #  
**3618 SOUTH POINTE DR**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3618 SOUTH POINTE DR**  
 Suite, Apt. #, etc.

City & State  
**ORLANDO FL**

City & State  
**ORLANDO FL**

Zip Country  
**32822 ORANGE**

Zip Country  
**32822 ORANGE**



08092007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

**LOCASCIO, FRANK**  
**7652 PANTHERA COURT**  
**ORLANDO FL, FL 32822**

4. FEI Number  
**14-1968987**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**3618 SOUTH POINTE DR**

City **ORLANDO** FL Zip Code **32822**

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 re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOCASCIO, FRANK <b>7652 PANTHERA COURT 3618 SOUTH POINTE DR</b> ORLANDO, FL 32822	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ **Pres J. J. L.** 8/9/07 (407) 927-9271  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #