


2005 FOR PROFIT CORPORATION ANNUAL REPORT

7. **FILED**
Aug 22, 2005 8:00 am
Secretary of State

07-11-2005 90119 028 ***550.00

DOCUMENT # F03000001710

1. Entity Name
MADACY ENTERTAINMENT GROUP, INC.



Principal Place of Business
**2333 MORRIS AVENUE, SUITE C-2
 UNION, NJ 07083**

Mailing Address
**2333 MORRIS AVENUE, SUITE C-2
 UNION, NJ 07083**

66046100



2. Principal Place of Business		3. Mailing Address	
Suite Apt # etc.		Suite Apt # etc.	
City & State		City & State	
Zip	Country	Zip	Country

07082005 Chg-P CR2E034 (10/03)

4. FEI Number
81-0601078

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **FEDERICO TERAN CFO MADACY**

Street Address (P.O. Box Number is Not Acceptable)
528 W. 49TH ST

City **MIAMI BEACH** FL Zip Code **33140**

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 Federico Teran *Federico Teran* Avg 15/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$550.00
 Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	EV <input type="checkbox"/> Delete HARRIS, STERLING 2333 MORRIS AVENUE, SUITE C-2 UNION, NJ 07083
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 in an attachment with an address, with all other like empowered

SIGNATURE: Miriam Alter *Miriam Alter* July 6/05 (514)341-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone