2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90386 032 ***150.00

DOCUMENT # F98000000376 NC SC 11/7/02

1. Entity Name
DREAM TIME ENTERTAINMENT, INC.

11039169

Principal Place of Business	Mailing Address
11000-2 METRO PKWY FORT MYERS, FL 33908	12800 UNIVERSITY DRIVE, SUITE 650 FORT MYERS, FL 33907

☑ CHECK HERE IF MAKING CHANGES

	2. Principal Place of Business	3. Mailing Address
Street	3613 DEL PRADO BLVD.	3613 DEL PRADO BLVD.
Suite, Apt. #, etc.	SUITE 202	SUITE 202
City & State	CAPE CORAL, FLORIDA	CAPE CORAL, FLORIDA
Zip	33904-7140	33904-7140
Country		

4. FEI Number 65-0803325 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC BUSH, PAUL 3 LAKEVIEW AVENUE JAMESTOWN, NY 14702	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C, P, S, T JOHN E. BIFFAR 3334 SE 18TH PLACE CAPE CORAL, FL 33904-4409	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST DOYLE, DONNA J 12800 UNIVERSITY DRIVE, SUITE 650 FORT MYERS, FL 33907	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 on an attachment with an address, with all other like empowered.

SIGNATURE: John Biffar 4/29/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E034 (10/02)