

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
04-17-2000 90034 007 ***150.00

DOCUMENT # K52590

1. Entity Name
RENAISSANCE ENTERTAINMENT, INC.

Principal Place of Business C/O JON E. BINKOWSKI 4301 VINELAND RD STE E-6 ORLANDO FL 32811	Mailing Address C/O JON E. BINKOWSKI 4301 VINELAND RD STE E-3 ORLANDO FL 32811-7371 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2927054	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BINKOWSKI, JON E. 4301 VINELAND RD STE E3 ORLANDO FL 32811	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ST- ZIP	P BINKOWSKI, JON E. 4301 VINELAND RD, STE E-3 ORLANDO FL 32811 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition
	V ROMERO, CAROL A. 4301 VINELAND RD, STE E-3 ORLANDO FL 32811 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4-10-00	Daytime Phone # (407) 872-7720
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CR2E034 (9/99)