


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91372 036 \*\*\*\*61.25

**DOCUMENT # N97000001205**

1. Entity Name  
**RTC ENTERTAINMENT, INC.**



Principal Place of Business  
**742 CLAY STREET  
STE C  
WINTER PARK FL 32789**

Mailing Address  
**742 CLAY STREET  
STE C  
WINTER PARK FL 32789  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3443654** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FLESHER, NANCY R  
229 ALMA STREET  
KISSIMMEE FL 34741**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | PD                             | <input type="checkbox"/> Delete |
| NAME           | <b>MANNO, JOSEPH D</b>         |                                 |
| STREET ADDRESS | <b>2132 HEATHEROAK DRIVE</b>   |                                 |
| CITY-ST-ZIP    | <b>APOPKA FL 32703</b>         |                                 |
| TITLE          | VSD                            | <input type="checkbox"/> Delete |
| NAME           | <b>DE ROSA, ANTHONY</b>        |                                 |
| STREET ADDRESS | <b>5672 CENTURY BLVD., #40</b> |                                 |
| CITY-ST-ZIP    | <b>ORLANDO FL-32807</b>        |                                 |
| TITLE          | D                              | <input type="checkbox"/> Delete |
| NAME           | <b>MURPHY, JOHN</b>            |                                 |
| STREET ADDRESS | <b>130 COASTLINE RD</b>        |                                 |
| CITY-ST-ZIP    | <b>SANFORD FL 32771</b>        |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          |                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>MANNO Joseph D</b>       |  |
| STREET ADDRESS | <b>805 Garden Oaks Loop</b> |  |
| CITY-ST-ZIP    | <b>UK MARY, FL 32746</b>    |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | <b>Murphy, John</b>         |  |
| STREET ADDRESS | <b>131 Maritime Dr.</b>     |  |
| CITY-ST-ZIP    | <b>Sanford FL 32771</b>     |  |
| TITLE          |                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Robert Enello</b>        |  |
| STREET ADDRESS | <b>187 Brass Point Rd</b>   |  |
| CITY-ST-ZIP    | <b>NANTUSETT, MA 01905</b>  |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: *Anthony DeLora* 4/21/03 407-672-8223

CR2E037 (10/02)