

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90094 015 \*\*\*150.00

**DOCUMENT # P00000046726**

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

Principal Place of Business <b>4675 PONCE DE LEON BLVD., SUITE 305          CORAL GABLES FL 33146</b>	Mailing Address <b>4675 PONCE DE LEON BLVD., SUITE 305          CORAL GABLES FL 33146</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>649 S.W. Whitmore Drive</b>	3. Mailing Address <b>649 S.W. Whitmore Drive</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Port St. Lucie, FL</b>	City & State <b>Port St. Lucie, FL</b>	4. FEI Number <b>Applied For</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip <b>34984</b>	Country <b>USA</b>	Zip <b>34984</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>STINSON, LOUIS JR.          4675 PONCE DE LEON BLVD., SUITE 305          CORAL GABLES FL 33146</b>		7. Name and Address of New Registered Agent Name <b>JOSEPH G. BUTERA, JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>649 SW WHITMORE DRIVE</b> City <b>PORT ST. LUCIE FL 34984</b>	
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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 JOSEPH G. BUTERA, JR. 4/17/2001  
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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SIMMONS, RONALD E</b> <b>4675 PONCE DE LEON BLVD., SUITE 305</b> <b>CORAL GABLES FL 33146</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/CEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Simmons, Ronald, E.</b> <b>649 S.W. Whitmore Drive</b> <b>Port St. Lucie, FL 34984</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BONGIOVI, ANTHONY</b> <b>4675 PONCE DE LEON BLVD., SUITE 305</b> <b>CORAL GABLES FL 33146</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Bongiovi, Anthony</b> <b>649 S.W. Whitmore Drive</b> <b>Port St. Lucie, FL 34984</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Ferguson, Anthony</b> <b>649 S.W. Whitmore Drive</b> <b>Port St. Lucie, FL 34984</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Butera, Joseph</b> <b>649 S.W. Whitmore Drive</b> <b>Port St. Lucie, FL 34984</b>
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

13. 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: JOSEPH G. BUTERA, JR. 4/17/2001 561-879-9400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)