

**2001 UNIFORM BUSINESS REPORT (UBR)**

06-25-2001 90042 037 \*\*\*150.00  
FILED P00000064893

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUL 17 PM 2:57

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**DOCUMENT # P00000064893**

1. Entity Name

TOUCH ENTERTAINMENT SUB, INC.

Principal Place of Business 287 E INDIANTOWN RD SUITE B4 JUPITER FL 33477	Mailing Address 287 E INDIANTOWN RD SUITE B4 JUPITER FL 33477
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-1103899</b>	Applied For Not Applicable
Zip	Country	Zip	Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**DAVID M. BOVI, P.A.  
319 CLEMATIS ST  
SUITE 812  
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent  
Name **JOHN PAUL ARANDA**  
Street Address (P.O. Box Number is Not Acceptable)  
**307 Center St**  
City **Jupiter** FL Zip Code **33458**

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 \_\_\_\_\_ DATE **4/23/01**

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, 2001 Fee will be \$350.00  
Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" 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

**P JOHN PAUL ARANDA  
307 Center Street  
Jupiter, FL 33458**

**S Glenn G. Embley  
4578 S.W. HAMMOCK CREEK DR.  
PALM CITY, FL 34990**

**4/23/01**

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: Glenn G. Embley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/23/01** Daytime Phone # **561 745-7800**

CR2E034 (10/00)