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## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Jul 14, 2003 8:00 am **Secretary of State** P00000082273 DOCUMENT # 1. Entity Name 07-14-2003 90168 025 \*\*\*550.00 A.C. SMITH ENTERTAINMENT, INC. Principal Place of Business Mailing Address 68 EAST PINE ST 2258 PIMLICO STREET ORLANDO FL 32801 ORLANDO FL 32822 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3668762 Not Applicable Country Ζp Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, ANTHONY C Street Address (P.O. Box Number is Not Acceptable) 2258 PIMLICO STREET ORLANDO FL 32822 City 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition NAME SMITH, ANTHONY C NAME STREET ADDRESS 2258 PIMLICO STREET STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32822 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME SMITH, AMY NAME 2258, PIMLICO STREET STREET ADDRESS STREET ADDRES CITY-ST-ZIP ORLANDO FL 32822 CITY-ST\_ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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)(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: