

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90144 037 ***150.00

0213162 AV

DOCUMENT # **P02000048332**

1. Entity Name
FELONY ENTERTAINMENT, INC.



Principal Place of Business

**219 NW 44 ST
MIAMI FL 33127**

Mailing Address

**219 NW 44 ST
MIAMI FL 33127**

2. Principal Place of Business

327 NW 45 ST

3. Mailing Address

327 NW 45 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

Applied For

Not Applicable

Zip
33127

Country
USA

Zip
33127

Country
USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROBINSON, COREY
219 NW 44 ST
MIAMI FL 33127**

7. Name and Address of New Registered Agent

Name
Melody Woodruff
Street Address (P.O. Box Number is Not Acceptable)
280 N.W. 45 St.
City
Miami FL Zip Code
33127

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 Melody Woodruff, Melody Woodruff DATE 4-22-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **P AUDEVERT, GUILLERMO E**
STREET ADDRESS **327 NW 45 ST**
CITY-ST-ZIP **MIAMI FL 33127**

TITLE Change Addition
NAME **Brian Livingston**
STREET ADDRESS **327 NW 45 St**
CITY-ST-ZIP **MIAMI FL 33127**

TITLE Delete
NAME **V MOSS, TERRY J**
STREET ADDRESS **4343 NW 3 AVE**
CITY-ST-ZIP **MIAMI FL 33127**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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)(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 empowers.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4-22-03

Daytime Phone #

CR2E034 (10/02)