

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

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

04-25-2003 90233 030 ***150.00

DOCUMENT # P02000069989
1. Entity Name
JJ & G ENTERTAINMENT, INC.

DO NOT WRITE IN THIS SPACE

11016621

2. Principal Place of Business PO BOX 123 Suite, Apt. #, etc.		3. Mailing Address PO BOX 123 Suite, Apt. #, etc.		4. FEI Number 76-0701242		Applied For Not Applicable	
City & State INVERNESS FL		City & State INVERNESS FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 34451	Country USA	Zip 34451	Country USA				

DO NOT WRITE IN THIS SPACE

7. Name and Address of Registered Agent			
Name A1A REGISTERED AGENT, INC.			
Street Address (P.O. Box Number is Not Acceptable)			
25 S.E. 2ND AVENUE SUITE 1036			
City MIAMI	FL	Zip Code 33131	

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: *Paul Smith* PAUL SMITH, VICE PRESIDENT 04-23-03
Sign above, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when maintaining) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SCARPA, JOHN PO BOX 123 INVERNESS FL 34451	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Scarpa* JOHN SCARPA, DIRECTOR 4/4/03 864-444-2225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day and Month

CR2E034B (12/01)