2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90114 031 ***150.00

DOCUMENT # P96000037539

1. Entity Name

HAPPY FACE ENTERTAINMENT, INC.

Principal Place of Business	Mailing Address
6915 RED ROAD. SUITE 220 CORAL GABLES FL 33143	6915 RED ROAD. SUITE 220 CORAL GABLES FL 33143-3654

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2100 Salzedo Street	2100 Salzedo Street
Suite, Apt. #, etc.: 300	Suite, Apt. #, etc.: 300
City & State: Coral Gables Fl.	City & State: Coral Gables Fl.
Zip: 33134 Country:	Zip: 33134 Country:

4. FEI Number 65-0728776 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FADEL, FREDDY 6915 RED ROAD, SUITE 220 CORAL GABLES FL 33143	Name Street Address (P.O. Box Number is Not Acceptable) 2100 Salzedo Street # 300 City: Coral Gables FL Zip Code: 33134

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 _____
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. (See criteria on back) ☑

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FADEL, FREDDY 6915 RED ROAD, SUITE 220 CORAL GABLES FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FADEL, ANTONIO 6915 RED ROAD, SUITE 220 CORAL GABLES FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FADEL, SALOMON 6915 RED ROAD, SUITE 220 CORAL GABLES FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FADEL, HABIB 6915 RED ROAD, SUITE 220 CORAL GABLES FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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: _____ 04-07-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #