

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000099534

1. Entity Name

QUANTUM CAT ENTERTAINMENT, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90246 010 ***150.00

Principal Place of Business

Mailing Address

270 ORANGE TERRACE
 WINTER PARK FL 32789

270 ORANGE TERRACE
 WINTER PARK FL 32789-3561

L0030191



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2648 Robert Trent Jones Dr
 Suite, Apt. #, etc.

2648 Robert Trent Jones Dr
 Suite, Apt. #, etc.

#217

#217

City & State

City & State

Orlando, FL

Orlando, FL

4. FEI Number

59-3434243

Applied For

Not Applicable

Zip

Country

Zip

Country

32835 USA

32835 USA

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

BREITBEIL, JAMES
 270 ORANGE TERRACE
 WINTER PARK FL 32789

Name

Joe Kingsley

Street Address (P.O. Box Number is Not Acceptable)

2648 Robert Trent Jones Dr #217

City

Orlando

FL

Zip Code

32835

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	<input type="checkbox"/> Delete
D	KINGSLEY, JOSEPH	6117 RALEIGH ST #609	ORLANDO FL 32835	<input type="checkbox"/>
	James Breitbeil			<input type="checkbox"/>
	James Breitbeil			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		2648 Robert Trent Jones Dr # 217	Orlando, FL 32835	<input type="checkbox"/>	<input type="checkbox"/>
	James Breitbeil	7603 Southern Brock Bend	Tampa, FL 33635	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/00

407-294-1127

CR2E034 (9/99)