

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90063 001 \*\*\*150.00

DOCUMENT # P916000099534

1. Entity Name

Quantum Cat Entertainment, Inc. ✓

Principal Place of Business

Old Address:  
 2648 Robert Trent Jones Dr #217  
 Orlando, FL 32835

Mailing Address

16 Quantum Cat Entertainment  
 c/o James Breitbeil  
 7603 Southern Brook Bend #204  
 Tampa, FL 33635

New Address:  
 c/o James Breitbeil 7603 Southern Brook Bend Tampa, FL 33635

2. Principal Place of Business

7603 Southern Brook Bend  
 Suite, Apt. #, etc.  
 # 204

3. Mailing Address

7603 Southern Brook Bend  
 Suite, Apt. #, etc.  
 # 204

City & State  
 Tampa, FL

City & State  
 Tampa, FL

Zip  
 33635

Country  
 USA

Zip  
 33635

Country  
 USA

4. FEI Number

59-3434243

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

C0049250

6. Name and Address of Current Registered Agent

Kingley, Joe  
 2648 Robert Trent Jones Dr #17  
 Orlando, FL 32835

7. Name and Address of New Registered Agent

Name: James Breitbeil  
 Street Address (P.O. Box Number is Not Acceptable)  
 7603 Southern Brook Bend # 204  
 City: Tampa FL Zip Code: 33635

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 re-appointing)

DATE

*James Breitbeil* *James Breitbeil* *Joseph J. Kingley* *Joseph Kingley* 4/10/01

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-Owner Joseph Kingley 4220 Arbor Gates Dr Atlanta, GA 30324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-Owner James Breitbeil 7603 Southern Brook Bend #204 Tampa, FL 33635	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*James Breitbeil* *James Breitbeil* 4/10/01 813-891-1702

CR2E034 (11/00)