

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

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90042 026 ***150.00

DOCUMENT # P99000084518

1. Entity Name

Tribalfilm Entertainment Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4733 Olive Branch Rd

Suite, Apt. #, etc.

709

3. Mailing Address

Same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL

City & State

4. FEI Number

58-2497742

Applied For

Not Applicable

Zip

32811

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Nicholas Circelli

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

4733 Olive Branch Rd. #709

City

ORLANDO, FL

FL

Zip Code

32811

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)

April 29, 2002

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<u>Director</u>
NAME	<u>Nicholas Circelli</u>
STREET ADDRESS	<u>4733 Olive Branch Rd #709</u>
CITY-ST-ZIP	<u>ORLANDO, FL</u>
TITLE	<u>Director</u>
NAME	<u>JAMES HENSCHEN</u>
STREET ADDRESS	<u>6213 BENT PINE DR #133B</u>
CITY-ST-ZIP	<u>ORLANDO, FL 32822</u>
TITLE	<u>DIRECTOR</u>
NAME	<u>JEREMY HABIG</u>
STREET ADDRESS	<u>1909 PARK LAKE STREET</u>
CITY-ST-ZIP	<u>ORLANDO FL 32803</u>

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 recorder 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICK CIRCELLI

April 28, 2002

407-843-2027

Date

Daytime Phone #

CR2E0348 (12/01)