

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 692209

1. Entity Name  
SUNSET ENTERTAINMENT, INC.

Principal Place of Business Mailing Address  
3563 CYPRESS TER P O BOX 20065  
PINELLAS PARK FL 34665 ST PETERSBURG FL 33742

2. Principal Place of Business 3563 CYPRESS TER  
Suite, Apt. #, etc.

City & State PINELLAS PARK FL  
Zip 33701 Country PINELLAS

6. Name and Address of Current Registered Agent

HOOD, ANNA L  
3563 CYPRESS TER  
PINELLAS PARK FL 34665

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, 2002 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 P  
NAME HOOD, ANNA L.  
STREET ADDRESS 1873 BAYOU GRANDE BLVD. N.E.  
CITY-ST-ZIP ST. PETERSBURG FL 33703

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

FILED  
Jan 10, 2002 8:00 am  
Secretary of State

01-10-2002 90013 021 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2116933 Applied For Not Applicable

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

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

0451782 AV

CR2E034 (9/01)

1502 727-621-2373