

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000000031

1. Entity Name
PATCH ENTERTAINMENT, LTD.



FILED

03 APR 10 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
11 A. MAX BREWER PKWY., STE. B
TITUSVILLE FL 32796

Mailing Address
P.O. BOX 2688
TITUSVILLE FL 32781

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3213130

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INOCHOVSKY, ROMAN
11 A. MAX BREWER PKWY., STE. B
TITUSVILLE FL 32796

Name
Timothy Mahoney
Street Address (P.O. Box Number is Not Acceptable)
11 A. Max Brewer Pkwy., STE B
City Titusville FL Zip Code 32796

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

Timothy Mahoney

4-7-2003

DATE

9. Capital Contributions
as Shown on record. \$200.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # J53856
NAME G.E.P., INC.
STREET ADDRESS 11 A. MAX BREWER PKWY., STE. B
CITY-ST-ZIP TITUSVILLE FL 32796

STREET ADDRESS
CITY-ST-ZIP 200015661838
04/10/03--01096--001 **141.25

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CITY-ST-ZIP

M THOMAS

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Timothy Mahoney 4-7-2003 321-383-2115

Date

Daytime Phone #

CR2E003 (10/02)

0008084 AT