

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A9500001480**

1. Entity Name  
**Dogfish Entertainment, Ltd.**

Principal Place of Business Mailing Address  
**1551 SANDSPUR RD SAME  
MAITLAND, FL 32751**

**FILED**  
**01 MAR -5 AM 8:40**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

*[Handwritten signature]*

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3340372</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**W. EDWARD McLEOD  
284 PARK AVE, NORTH  
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>200,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	<b>P95000070758</b>	STREET ADDRESS	
NAME	<b>Springshot, Inc</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>% 284 PARK AVE, N</b>		
CITY-ST-ZIP	<b>WINTER PARK, FL 32789</b>		
DOCUMENT #	<b>V00164</b>	STREET ADDRESS	
NAME	<b>Rojeshvest, Inc</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>1551 SANDSPUR RD</b>		
CITY-ST-ZIP	<b>MAITLAND, FL 32751</b>		
DOCUMENT #		STREET ADDRESS	<b>100003829571--2</b>
NAME		CITY-ST-ZIP	<b>-03/09/01--01147--016</b>
STREET ADDRESS			<b>****[14].25 ****[14].25</b>
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	<b>100003829571--2</b>
NAME		CITY-ST-ZIP	<b>-03/09/01--01147--017</b>
STREET ADDRESS			<b>****385.00 ****385.00</b>
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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:** Jeffrey S. Gansara, Director  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (11/00)