## 2003 FOR PROFIT CORPORATION

## FILED Apr 18, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** F02000001257 DOCUMENT # 1. Entity Name 04-18-2003 90171 038 \*\*\*150.00 FISHTALE ENTERTAINMENT INC. Principal Place of Business Mailing Address 7130 TAYLORWOOD DR. 7130 TAYLORWOOD DR. LAKE WORTH FL 33467 LAKE WORTH FL 33467 2. Principal Place of Business 3. Mailing Address 700 Manatee Bai 700 manatee Suite, Apt. #, etc Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 7L 41-1968084 Beach Boyn Lon <u>Soynton</u> Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired u s A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHINANDER, DAN Street Address (P.O. Box Number is Not Acceptable) 7130 TAYLORWOOD DR. manuter LAKE WORTH FL 33467 Zip Code 33435 noton 8. The above named entity submits this statement for the purpose of changing its registered office of 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 24 **C**hange TITLE ☐ Delete TITLE ☐ Addition chinander. CHINANDER, DANIEL W NAME NAME 700 manatee Bay Dr. 7130 TAYLORWOOD DR. STREET ADDRESS STREET ADDRESS LAKE WÖRTH FL 33467 CITY-ST-ZIP CITY-ST-ZIP Bounton Beach 7L 33435 WCS TITLE Change ☐ Defete TITLE Addition Debrah L CHINANDER, DEBRAH L NAME NAME 700 manatee Bay Dr 7130 TAYLORWOOD DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33467 CITY-ST-ZIP Section . TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP

12. Thereby 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 10 or Block 11 if changed, or on an attachma

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Addition

CR2E034 (10/02)