

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91832 027 ***150.00

0621401 AT

DOCUMENT # F02000002367

1. Entity Name
DISCOUNT TWO ENTERTAINMENT INC.



Principal Place of Business
**303 U.S. 301 BOULEVARD WEST
BRADENTON FL 34205**

Mailing Address
**1320 VALLEY OAK WAY
BEL AIR MD 21014**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **75-3001470**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WIENHOLT, THOMAS
4550 47TH ST. WEST #819
BRADENTON FL 34210**

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

**6051 PALM TRACE LANDING DR. APT 303
City DAVIE FL Zip Code 33314**

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 *Laura Wienholt* **LAURA WIENHOLT**

DATE **4/18/03**

FILE NOW. FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input type="checkbox"/> Delete
NAME	WIENHOLT, ROBERT G SR	
STREET ADDRESS	1320 VALLEY OAK WAY	
CITY-ST-ZIP	BEL AIR MD 21014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert G. Wienholt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert G. WIENHOLT Date **4/24/03** 410-420-0872
Daytime Phone #

CR2E034 (10/02)