

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90153 014 ***150.00

DOCUMENT # **F02000003863**

1. Entity Name

ENTERTAINMENT U, INC.



Principal Place of Business

**8700 DUNMORE DRIVE
SARASOTA FL 34231**

Mailing Address

**C/O REGGIE WALDREN
330 W. 58TH STREET #603
NEW YORK NY 10019-1818**

22000986



2. Principal Place of Business

Suite, Apt. #, etc.

City & State
SARASOTA FL

Zip Country
34231 USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number

13-3991494

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LARZARUS, BRUCE
8700 DUNMORE DRIVE
SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name

BRUCE LAZARUS

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

5153 SUNNYDALE CIRCLE WEST

City

SARASOTA

FL

Zip Code
34231

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-03

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

TITLE CP ☐ Delete
NAME **LAZARUS, BRUCE**
STREET ADDRESS **8700 DUNMORE DRIVE**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **LAZARUS, BRUCE** ☒ Change ☐ Addition
NAME
STREET ADDRESS **5153 SUNNYDALE CIRCLE WEST**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

[Signature] **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-03

CR2E034 (10/02)