


# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001705	
1. Entity Name Top Hat Entertainment Inc.	

FILED  
03 FEB -5 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 1125 via jardin Suite, Apt. #, etc.		3. Mailing Address 1125 Via Jardin Suite, Apt. #, etc.	
City & State Palm Beach Gardens FL		City & State Palm Beach Gardens, FL	
Zip 33418	Country USA	Zip 33418	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0472711	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name Baltin, Gwilda	
	Street Address (P.O. Box Number is Not Acceptable) 1125 Via Jardin	
	City Palm Beach Gardens FL	Zip Code 33418

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 Gwilda Baltin GWILDA BALTIN 1/27/03  
(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP Baltin, Aubie 1125 Via Jardin Palm Beach Gardens FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000011789870 02/04/03--01078--025 **158.75
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gwilda Baltin GWILDA BALTIN 1/27/03 (561) 840-9767  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

2/10/03