

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

06-19-2001 90878 046 \*\*\*150.00

**DOCUMENT # G17436**

1. Entity Name

**CEA ENTERTAINMENT, INC.**

Principal Place of Business

**101 E. KENNEDY BLVD.  
SUITE 3300  
TAMPA FL 33602**

Mailing Address

**101 E. KENNEDY BLVD.  
SUITE 3300  
TAMPA FL 33602**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-2264200**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**JUNG, MING G  
101 E. KENNEDY BLVD.  
SUITE 3300  
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>BURNS, DAVID A</b>	
STREET ADDRESS	<b>101 E KENNEDY BLVD #3300</b>	
CITY-ST-ZIP	<b>TAMPA, FL 00000</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MICHAELS, PATRICK J. JR.</b>	
STREET ADDRESS	<b>101 E KENNEDY BLVD</b>	
CITY-ST-ZIP	<b>TAMPA, FL 00000</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>CARDY, THOMAS W</b>	
STREET ADDRESS	<b>101 E. KENNEDY BLVD., SUITE 3300</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>GORDON, BRAD A</b>	
STREET ADDRESS	<b>101 E. KENNEDY BLVD., SUITE 3300</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> Delete
NAME	<b>JUNG, MING G</b>	
STREET ADDRESS	<b>101 E KENNEDY BLVD STE 3300</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ming Jung**

Date

**4/20/01**

Daytime Phone #

**(813) 226-8844**

CR2E034 (10/00)

Attachment  
A073805



COMMUNICATIONS  
EQUITY  
ASSOCIATES

Document # G17436

June 5, 2001

**Certified Mail**  
**Return Receipt Requested**  
**# 7106 4575 1292 1775 5165**

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: CEA Entertainment, Inc.  
EIN 59-2264200

Dear Sir or Madam:

We received your notice dated May 22, 2001 (copy attached) regarding the incorrect payee on the check submitted for the filing fee for the 2000 Uniform Business Report (UBR). Enclosed is a replacement check in the amount of \$150 for the above company.

Please call me if you have any questions.

Best regards,

Angela L. Horwitz  
Controller  
Merchant Banking

ALH:ps

Enclosures



Attachment [REDACTED]  
677436  
A0073805

April 24, 2001

**Certified Mail**  
**Return Receipt Requested**  
**# 7106 4575 1292 1775 3178**

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: CEA Entertainment, Inc.  
EIN 59-2264200

Dear Sir or Madam:

Enclosed please find the 2000 Uniform Business Report (UBR) for the above entity along with a check in the amount of \$150.

Please call me if you have any questions.

Best regards,

Angela L. Horwitz  
Senior Associate  
Merchant Banking

ALH:ps

Enclosures