FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99209

1. Entity Name
SOUTHERN ENTERTAINMENT CO. OF FLORIDA INC

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FILED
02 MAR 26 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-02

REINSTATEMENT
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2. Principal Place of Business: 3675 S FEDERAL HWY
Suite, Apt. #, etc.
City & State: BOYNTON BCH FL
Zip: 33435 Country: USA

3. Mailing Address: 3675 S FEDERAL HWY
Suite, Apt. #, etc.
City & State: BOYNTON
Zip: 33435 Country: USA

4. FEI Number: 65-0074649
☐ Applied For
☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: CORPORATION INFORMATION SERVICES INC
Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS ST
City: TALLAHASSEE FL Zip Code: 32301

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.

CORPORATION INFORMATION SERVICES INC

SIGNATURE [signature] VICE PRESIDENT 3-25-2002
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT	TITLE	
NAME	GODDARD NORMAN S	NAME	
STREET ADDRESS	3675 S FEDERAL HWY	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL 33435	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Goddard 2-28-2002 561-364-0733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #