

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # N95000003819
1. Entity Name
Postone Images Alternatives Entertainment Group Inc

02 AUG -7 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Palm Beach, FLA
Suite, Apt. #, etc.
1405 St. Johns Ave
City & State
Palm Beach, FLA
Zip
32777 Country
Putnam

3. Mailing Address
1405 St. Johns Ave
Suite, Apt. #, etc.
City & State
SAME
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3330079

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Lawrence Hutchen

Street Address (P.O. Box Number is Not Acceptable)
1405 St. Johns Ave

City
Palm Beach, FL Zip Code
32777

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 Lawrence Hutchen DATE 8/6/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP | <u>D</u> <u>Lawrence Hutchen</u> <u>1405 St. Johns Ave</u> <u>Palm Beach, FL 32777</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>DS</u> <u>Jonathan Williams</u> <u>1405 St. Johns Ave</u> <u>Palm Beach, FL 32777</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>TD</u> <u>Allen Colbert</u> <u>3817 Ryan Court</u> <u>Orlando, FL</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700006952817-5
-08/07/02--01070--002
****140.00 *****70.00

DO NOT WRITE IN THIS SPACE

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: Lawrence Hutchen DATE 8/7/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)