

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91372 036 ****61.25

DOCUMENT # N97000001205

1. Entity Name
RTC ENTERTAINMENT, INC.



Principal Place of Business
**742 CLAY STREET
STE C
WINTER PARK FL 32789**

Mailing Address
**742 CLAY STREET
STE C
WINTER PARK FL 32789
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3443654**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLESHER, NANCY R
229 ALMA STREET
KISSIMMEE FL 34741**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **MANNO, JOSEPH D**
STREET ADDRESS **2132 HEATHEROAK DRIVE**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **MANNO Joseph D** ☒ Change ☐ Addition
NAME **MANNO Joseph D**
STREET ADDRESS **805 Garden Oaks Loop**
CITY-ST-ZIP **UK Mary, FL 32746**

TITLE **VSD** ☐ Delete
NAME **DE ROSA, ANTHONY**
STREET ADDRESS **5672 CENTURY BLVD., #40**
CITY-ST-ZIP **ORLANDO FL-32807**

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

TITLE **D** ☐ Delete
NAME **MURPHY, JOHN**
STREET ADDRESS **130 COASTLINE RD**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **Murphy, John** ☒ Change ☐ Addition
NAME **Murphy, John**
STREET ADDRESS **131 Maritime Dr.**
CITY-ST-ZIP **Sanford FL 32771**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Robert Enello**
STREET ADDRESS **187 Bass Point Rd**
CITY-ST-ZIP **Nahant, MA 01908**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 617, 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 **Anthony De Rosa** **4/21/03** **407-672-8223**

CR2E037 (10/02)