0566217
7 A\

2002 UNIFORM BUSINESS REPORT (UBR)				\neg Jan 10, 2002 8:00 am
DOCUMENT # P0000006145 1. Entity Name PETER JONES ENTERTAINMENT, INC.				Secretary of State 01-10-2002 90018 001 ***150.00
Principal Place of Business 870 SW MARTIN DOWNS BLVD SUITE 24 PALM CITY FL 34990		Mailing Address 870 SW MARTIN DOWNS BLVD SUITE 24 PALM CITY FL 34990		• 0 <u>1</u> 0 9 0
2. Principal Place of Business 670 Sw Martin Downs Blvd 870 Sw Martin			n Downs Blvl	T I BODING I III TOTAN GOMI ORINI ORINI ORINI ORINI ORINI BIRNI MINI GRODI SILI ICON'S.
Suite, Apt. #, etc.		Suite, Apt. #, etc. Sui Te 2		DO NOT WRITE IN THIS SPACE
Palm Cim, FL		City & State		4. FEI Number 65-0980262 Applied For Not Applicable
Zip 2 4 9 9 /	Country	Zip 34990	Country USA	S. Certificate of Status Desired
77770	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent
JONES, PETER 2027 SW LITTLE OAK TR. PALM CITY FL 34990			Street Addre	SW Branch Perrace IM City FL 34990
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) PETER JONES JAM. 6, 2002 (NOTE: Registered Agent signature required when reinstating) DATE **TILE NOW!!! FEE IS \$150.00 **** After May 1, 2002 Fee will be \$550.00 *** Make Check Payable to Department of State **Turst Fund Contribution.**				
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, PETER 2027 SW LITTLE OAK TR PALM CITY FL 34990	☐ Delete	TITLE NAME STREET ADDRESS 46	DUES, PETER GRANCH TERRACE LM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition €
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	, A	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete ·	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition

CITY-ST-ZIP

JAN 6,2002 541.283.2313

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 that an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: