

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90059 038 ***150.00

DOCUMENT # P00000014706

1. Entity Name

EPK ENTERTAINMENT, INC.



Principal Place of Business

3654 CLEVELAND AVE.

FORT MYERS FL 33901

Mailing Address

C/O ROBERT D. ROYSTON, JR.

PO DRAWER 60205

FORT MYERS FL 33906

2. Principal Place of Business

8831 King Lear Court

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

4. FEI Number

65-0982255

Applied For

Not Applicable

Zip

33908

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROYSTON, ROBERT D JR

12670 NEW BRITTANY BLVD., SUITE 101

FORT MYERS FL 33907

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. 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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PSTD
MC CARTHY, MICHAEL E
5 RED RIDGE CIRCLE
BARRINGTON IL 60010**

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D, P, S, T
Roger J. Martin
8831 King Lear Court
Fort Myers, FL 33908**

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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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 607, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03

847-426-9043

Date

Daytime Phone #

CR2E034 (10/02)