FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 06, 2002 8:00 am Secretary of State

DOCUMENT # POODOO 16005 Fresh Ideas Entertainment, Snc.						Secretary of State 05-06-2002 90062 013 ***150.00				
2. Principal Place of Business 3. Mailing Address 560 Cotus L			Slane							
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE				
City & State Lake Buena Vista, FL Sierra Madre			dre CA	4	4. F	El Number	362842	.3	Applied For Not Applica	
3283	Country	91024	Countr	1			f Status Desired	□ \$8	3.75 Additional e Required	
1402	0 1 0/11	111007			7. Na	me and Ad	Idress of Curren	t Registered A	gent	
<u> </u>	DOKIOTW	DITE	 [.	Name	Mike.	J. Da	VIS			=
	DO NOT W			Street Add	ress (P.O. Bo	ox Number	is Not Acceptabl	e)		
	IN THIS SF	PACE		5918	2 Vale	Man	Blvd			
				City Orl	ando			FL	Zio Code 32819	
8. Theabove	named entity submits this statement for	or the purpose of changing	its registered	d office or re	gistered age	ent, or both	, in the State of Fl	orida.		
•	My Other	\sim						4-2	2-02	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (1	NOTE: Registered	Agent signature r	equired when rei	nstating)		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 After May 1, Amended to Make Check Payable				\$550.00 \$61.25			tion Campaign Fi t Fund Contribution		\$5.00 May Bo Added to Fees	е
11.	OFFICERS AND	DIRECTORS								$\exists_{=}$
TITLE NAME	President P Charles W Jones II		TITLE NAME		•	,				R2E034B (12/01)
STREET ADDRESS	560 Lotus Lane	.,		T ADDRESS						48 (
CITY-ST-ZIP	Sierra Madre, CA 9102	<u>≥4</u> .	CITY-S TITLE	ST-ZIP				 		— <u> </u> ∺
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TITLE			TITLE	31-21						
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STREET ADDRESS CITY-ST-ZIP			STREE CITY-S	T ADDRESS ST-ZIP						
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TITLE			TITLE		,					
NAME STREET ADDRESS			NAME STREE	T ADDRESS						
CITY-ST-ZIP			CITY-S	i						

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

626-627-8691

Daytime Phone #