## **FILED 2001 UNIFORM BUSINESS REPORT (UBR)** Mar 07, 2001 8:00 am Secretary of State DOCUMENT # P0000030039 CALYPSO ENTERTAINMENT, INC. 03-07-2001 90003 013 \*\*\*150.00 Principal Place of Business Mailing Address 6035 S.W. 64TH PLACE 6035 S.W. 64TH PLACE SOUTH MIAMI FL 33143 SOUTH MIAMI FL 33143 628870 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-0993108 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MICHELSON, RANDI Street Address (P.O. Box Number is Not Acceptable) 6035 S.W. 64TH PLACE **SOUTH MIAMI FL 33143** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE Delete TITLE ☐ Change ☐ Addition MICHELSON, RANDI NAME 6035 S.W. 64TH PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SOUTH MIAMI FL 33143 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition

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 resolver of 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 with an address, with all other like empowered.

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

CITY-ST-ZIP

RANDI MILHELSON

☐ Delete

☐ Delete

Change

☐ Change

☐ Addition

☐ Addition

CR2E034 (10/00