

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91338 011 ***150.00

DOCUMENT # **P00000031715**

1. Entity Name

IMANI ENTERTAINMENT INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1836 N. Crystal Lake Dr.

Suite, Apt. #, etc.

56

3. Mailing Address

1836 N. Crystal Lake Dr.

Suite, Apt. #, etc.

56

DO NOT WRITE IN THIS SPACE

City & State

LAKELAND, FL

City & State

LAKELAND, FL

4. FEI Number

59-3632238

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

HORACE BAILEY

Street Address (P.O. Box Number is Not Acceptable)

1836 N. Crystal Lake Dr.

Apt. 56

City

LAKELAND

FL

Zip Code

33801

**DO NOT WRITE
IN THIS SPACE**

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

Horace Bailey

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

(NOTE: Registered Agent signature required when reinstating)

5/1/02

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 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PRESIDENT DIRECTOR PD DEAUNDRE L. Williams 922 OSCEOLA St. LAKELAND, FL 33801 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VICE PRESIDENT DIRECTOR VD TYSON T Odum 610 W PONDEROSA DR. LAKELAND, FL 33809 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TREASURER DIRECTOR TD HORACE BAILEY JR 1836 N. Crystal Lake Dr. Apt. 56 LAKELAND, FL 33801 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SECRETARY DIRECTOR SD RUSSELL E Odum 610 W. PONDEROSA DR. LAKELAND, FL 33809 |

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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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:

Deaundre Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

Date

Daytime Phone #

CR2E034B (12/01)