

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90254 005 \*\*\*158.75

0218198 AV

**DOCUMENT # P00000034679**



1. Entity Name  
**ENTERTAINMENT GROUP ACQUISITION CORP.**

Principal Place of Business  
**201 S. BISCAYNE BLVD. #3400  
MIAMI FL 33131**

Mailing Address  
**201 S. BISCAYNE BLVD. #3400  
MIAMI FL 33131**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1085589**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERRELL SCHULTA CARTER ZUMPANO FEREL PA  
201 SOUTH BISCAYNE BOULEVARD  
34TH FLOOR MIAMI CENTER  
MIAMI FL 33131**

Name  
**Ferrell Group Corporate Services, LLC**  
Street Address (P.O. Box Number is Not Acceptable)  
**201 S. Biscayne Blvd**  
**Suite 3400**  
City **MIAMI** FL **33131**

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]* **Asst. Sec.**

**4-14-03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FERRELL, MILTON M JR. 201 S. BISCAYNE BLVD. #3400 MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S DA CASTIGLIONE, MAYRA C 201 S. BISCAYNE BLVD. #3400 MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T FORSHEE, WILLIAM 220 MIRACLE MILE SUITE 221 CORAL GABLES FL 33134</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **4-14-03 305-371-8585**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Mayra C. DaCastiglione, Sec.** Date Daytime Phone #

CR2E034 (10/02)