FILED
Jun 24, 2003 8:00 am
Secretary of State
06-24-2003 90011 035 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000039059

1. Entity Name
A. MCKENZIE ENTERTAINMENT, INC.

90140214

[redacted]

Principal Place of Business
604 WEDGEWOOD PLAZA DR.
WEST PALM BEACH, FL 33404

Mailing Address
604 WEDGEWOOD PLAZA DR.
WEST PALM BEACH, FL 33404

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 290-1 SPRING DR
Suite, Apt. #, etc.: MERRITT ISLAND
City & State
Zip: 32953 Country: U.S.A

3. Mailing Address: 290-1 SPRING DR
Suite, Apt. #, etc.: APT # 1
City & State: MERRITT ISLAND
Zip: 32953 Country: U.S.A

4. FEI Number: 65-1005993 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ADAMS, VENOL C
6648 W. OAKLAND PARK BLVD., STE. 220
LAUDERHILL, FL 33313

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILING FEE IS $150.00
Effective May 1, 2003: Fees will be subject to change. Please contact 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	PD ADAMS, ALPHEUS 604 WEDGEWOOD PLAZA DR. WEST PALM BEACH, FL 33404 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: _____ ALPHEUS ADAMS 05-08-03 636-8835 321-[redacted]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #