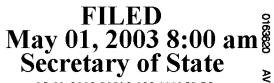
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P00000039944 DOCUMENT # 1. Entity Name



05-01-2003 90812 033 ***158.75



OFF THE WALL ENTERTAINMENT, INC.										
Principal Place 2606 GULFSTR MIRAMAR FL 3	EAM DRIVE	Mailing Address 2606 GULFSTREAM DRIVE MIRAMAR FL 33023				-				
							ı			
2. Principal Pl	ace of Business	3. Mailing Address							 11 12 13 13 14 15 1	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
City & State	•	City & State					4 , F	FEI Number 65-1032798		Applied For Not Applicable
Zip	Country	Zip	Zip Country				5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered	l Agent				7. 1	Name and Address of New Registe	red Agent	
MADDEN, VERONICA 7961 PANAMA STREET					Name Street Ad	Kevi dress (F	.O. B	C . (Sanks		
MIRAMAR			71.0			-01		1. 1Colorano I	Drive	
•					City N	lîra	\mathcal{M}	Julistream 1	FL 735	^ტ ევ
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.										
1/3.4-										
SIGNATURE _	Signature, typed or printed name of registered agent a	and title if applic	able. (NOTE: R	egistered	Agent signature	e required	when re	einstating)	ATE ATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Financing Trust Fund Contribution.		00 May Be ed to Fees
10.	OFFICERS AND I	DIRECTOR	S	11.			AD	DDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 11
NAME STREET ADDRESS	Banks, Kevin C 2606 Gulfstream Drive Miramar Fl 33023								☐ Change ·	Addition
NAME STREET ADDRESS	P MADDEN, VERONICA 7961 PANAMA STREET MIRAMAR FL 33023		ID Delete		- 1				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete						☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		- 1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with		□ Delete	CITY-	ET ADDRESS ST-ZIP				☐ Change	Addition

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: