

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR 29 PM 4:00

DOCUMENT # P00000041533

1. Entity Name

SILKROAD ENTERTAINMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4653 Summeroak St.

3. Mailing Address

4653 Summeroak St.

Suite, Apt. #, etc.

6203

Suite, Apt. #, etc.

6203

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3639131

Applied For

Not Applicable

Zip

32835

Country

USA

Zip

32835

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

XUEJUN YU

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

4653 Summeroak St., #6203

City

Orlando

FL

Zip Code

32835

**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

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
Tax filing requirement and elects to do so.
(See criteria on back)

☐

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
XUEJUN YU, President
4653 Summeroak St., #6203
Orlando, FL 32835

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
400005396594
-05/01/02--01014--004
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**DO NOT WRITE
IN THIS SPACE**

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:



XUEJUN YU

04/25/02

407-295-5023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34B (12/01)