

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90443 015 \*\*\*150.00

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

**DOCUMENT # P00000042724**  
 1. Entity Name  
**WESTERN ENTERTAINMENT, INC.**

011009

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2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		17364 SW 22ND STREET		65-1018455		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
MIRAMAR FL		MIRAMAR FL		<input type="checkbox"/>			
Zip	Country	Zip	Country				
33029		33029					

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7. Name and Address of Current Registered Agent

Name	
LEVINE & SEGAUL, P.A.	
Street Address (P.O. Box Number is Not Acceptable)	
SUITE A-106	
4300 N. UNIVERSITY DRIVE	
City	Zip Code
FT. LAUDERDALE FL	33351

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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS

TITLE	PD	TITLE	
NAME	RODRIGUEZ, DAGOBERTO	NAME	
STREET ADDRESS	17364 SW 22ND STREET	STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR FL 33029	CITY - ST - ZIP	
TITLE	VP	TITLE	
NAME	RODRIGUEZ, ROSE M	NAME	
STREET ADDRESS	17364 SW 22ND ST	STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR FL 33029	CITY - ST - ZIP	
TITLE	VP	TITLE	
NAME	RODRIGUEZ, MONICA C	NAME	
STREET ADDRESS	17364 SW 22ND STREET	STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR FL 33029	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: ROSE M. RODRIGUEZ** *Rose M. Rodriguez* **5-16-02** **954985-5969**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)