FILED
May 12, 2003 8:00 am
Secretary of State
05-12-2003 90211 042 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000042724

1. Entity Name
WESTERN ENTERTAINMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
861 N. RAINBOW DR.	861 N. RAINBOW DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
HOLLYWOOD, FL.	HOLLYWOOD, FL.
Zip: 33021 / Country: BROWARD	Zip: 33021 / Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1018455 — Applied For / Not Applicable

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

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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: FT LAUDERDALE FL Zip Code: 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. I am familiar with, and accept the obligations of registered agent.

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

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
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

TITLE	PRESIDENT
NAME	DAGOBERTO RODRIGUEZ
STREET ADDRESS	861 N. RAINBOW DR.
CITY-ST-ZIP	HOLLYWOOD, FL. 33021
TITLE	VP
NAME	ROSE RODRIGUEZ
STREET ADDRESS	861 N. RAINBOW DR.
CITY-ST-ZIP	HOLLYWOOD, FL. 33021
TITLE	VP
NAME	MONICA RODRIGUEZ
STREET ADDRESS	861 N. RAINBOW DR.
CITY-ST-ZIP	HOLLYWOOD, FL. 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/30/03 (954)303-1934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #