

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91160 019 ***150.00

DOCUMENT # **P00000051198**

1. Entity Name:

Cycle Fever Entertainment Group Inc

Principal Place of Business

Mailing Address

2. Principal Place of Business
 14149 Mastwood Way

3. Mailing Address
 14149 Mastwood Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Orlando FL

City & State
 Orlando FL

4. FEI Number
 59-3642254

Applied For
 Not Applicable

Zip
 32832

Country
 USA

Zip
 32832

Country
 USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

4798 So. Florida Ave
 Suite 272
 Lakeland FL 33813

Name: **HANK KNAPP**
 Street Address (P.O. Box Number is Not Acceptable):
14149 Mastwood Way
Orlando FL
 City: **Orlando FL** Zip Code: **32832**

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 **HANK KNAPP**

Hank Knapp

4/26/01

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)

FILE NOW!
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Delete
NAME	Bill Young	
STREET ADDRESS	14149 Mastwood Way	
CITY-ST-ZIP	Orlando, FL 32832	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	HANK KNAPP	
STREET ADDRESS	14149 Mastwood Way	
CITY-ST-ZIP	Orlando FL 32832	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 no 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Hank Knapp* CEO **HANK KNAPP**

4/26/01

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

770832

DO NOT WRITE IN THIS SPACE