FILED Jun 19, 2001 8:00 am Secretary of State 5/1

2001 UNIFORM BUSINESS REPORT (UBR)								Jun 19, 2001 8:00 ar Secretary of State				
1. Entity Name										•	***150.00	
		t management, i i		Chi	m)		•	03 1	, 2 00 1 , 0	2.0 022	150.00	
K41	unk Ei	ntertainment	, Inc.	<u>(,,)</u>		170						
Principal Pla	ice of Busines	ss	Mailing Address									
11513 COUNTRY SOUND CT. 11513 COUNTRY SOUND CT BOCA BATON FL 33428 BOCA BATON FL 33428												
BOCA HATON	FL 33428		BOCA RATON FL 33428			ĺ			490	65		
			4		:		1188481	(() (80 1)2 80 1)2 82 2)7 8	TUI FEIN PLUE D	1111 41 011 1 11 111 1	CON JON 1871	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS COACE					
							DO NOT WRITE IN THIS SPACE					
City & Sta	ite		City & State				4 FEI Number Applied For Not Applied For Not Applied In In Not Applied In					
Zip Country		Zip		Country		5 Cortificate		 -	\$8.75 Ac	ot Applicable		
6. Name and Address of Current			Pagletaged Award	<u> L</u>	1	S. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent					ed	
	O. (Value	Elio Address of Current	negistered Agent		Name-		7. Name and	Address of Nev	- Hegistered	Agent		
FABRIKANT, KEVIN H					Street Add	Street Address (P.O. Box Number is Not Acceptable)						
1031 IVES DAIRY RD.; STE-228- NORTH MIAMI BEACH FL 33179			e and the same			,						
Nor	ATT PERMIT	DEMONTE SO 179						•				
					City			**	FL	Zip Co	de	
8. The above	e named entit	y submyts this statement to	the purpose of changing its	register	ed office or r	egistered	d agent, or bo	th, in the State of	Florida.			
******		سمع <u>رب</u> به ۱۹			• •		4 .					
SIGNATURE	Signature, typed	or purited name of registered agent a	nd title if applicable. (NOT	E: Register	d Agent signature	required wi	then reinstating)		DATE			
9. This corp	oration is elig	ible to satisfy its Intangible	FILE NOW	!!! FEE	IS \$150.00)	10 5	ection Campaign I		A F (20	
Tax filing requirement and elects to do so. (See criteria on back)			After MAY 1, 20 Make Check Payat			1 70	ist Fund Contribut			OO May Be d to Fees		
11.		OFFICERS AND E		12.				CHANGES TO O	FFICERS AND	DIRECTOR	RS IN 11	
TITLE		ent/ceo	☐ Delete	TITL	1 .				· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition 8	
NAME Street address	Kirsten	. Smith ont of	\ <u>.</u>	NAM STRE	E ADDRESS						191	
CITY-ST-ZIP	BOCA 12	aton, FL 33428			-ST-ZIP						CR2E034 (10/00)	
TITLE			☐ Delete	πτL						Change	Addition &	
NAME Street Address				NAM STRE	E Et adoress							
CITY-ST-ZIP					-ST-ZIP							
TITLE	į		☐ Delete	TITLE						☐ Change	☐ Addition	
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CITY-ST-ZIP				CITY	-ST-ZIP							
TITLE NAME			☐ Delete	TITLE				•		☐ Change	Addition	
STREET ADDRESS	"`	- ,	*· →··	, NAMI Stre	ET ADDRESS	~		•			-	
CITY-ST-ZIP				CITY	ST-ZIP							
TITLE NAME			☐ Delete	TITLE		•				☐ Change	☐ Addition	
STREET ADDRESS				NAME STREE	ET ADORESS							
CITY-ST-ZIP				CITY-	ST-ZIP							
TITLE NAME			☐ Detete	TITLE						☐ Change	Addition	
STREET ADDRESS				NAME	T ADDRESS							
CITY-ST-ZIP				CITY-	ST-ZIP							
widicated.	OLI IIIIS LADOLL	OF SUDDIGHTISHIZE REDSKIS II	nis filing does not qualify for the and accurate and that m	N SIODALI	ire chall have	a tha ean	no logal offort	se if meda undar	nothethat Lo	m an alliane	ar diraatar	
of the corp	oration or the	receiver or trusted empow	ered to execute this report a	s requir	ed by Chapte	er 607, FI	lorida Statutes	; and that my nan	ne appears in	Block 11 or	Block 12 if	

Kirster S. Smith 4/24/01