

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90104 002 \*\*\*158.75

DOCUMENT # P00000071952

1. Entity Name

**KINGS MEDALLION ENTERTAINMENT, INC.**

Principal Place of Business

435 S NORTH LAKE BLVD.. #2057  
 ALTAMONTE FL 32701

Mailing Address

435 S NORTH LAKE BLVD.. #2057  
 ALTAMONTE FL 32701

2. Principal Place of Business

435 S. North Lake Blvd

3. Mailing Address

Kings Medallion Ent., Inc

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2057

P.O. Box 300971

City & State

City & State

ALTAMONTE SPRINGS, FL

FT. RYAN PARK, FL

Zip

Country

Zip

Country

32701

SEMINOLE

32730-0971

SEMINOLE

4. FEI Number

59-3657891

Applied For

Not Applicable

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

Name

ADONOVAN WASHINGTON

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

435 S. North Lake Blvd., #2057

City

ALTAMONTE SPRINGS FL

Zip Code

32701

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

*Adonovan Washington*  
 Signature, typed or printed name of registered agent and title if applicable.

ADONOVAN WASHINGTON

(NOTE: Registered Agent signature required when reinstating)

4-26-01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**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	CEO	<input type="checkbox"/> Delete
NAME	GABRIEL DELERME	
STREET ADDRESS	639 S. North Lake Blvd	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	MICHAEL RAMSEY	
STREET ADDRESS	702 Silver Smith Cir	
CITY-ST-ZIP	LAKE HAVAS FL 327	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	ADONOVAN WASHINGTON	
STREET ADDRESS	435 S. North Lake Blvd #2057	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	SECRETARY OF TREASURY	<input type="checkbox"/> Delete
NAME	CURTIS KENDALL	
STREET ADDRESS	815 Tomlinson Terrace	
CITY-ST-ZIP	LAKE HAVAS FL 32746	
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		
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		
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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Adonovan Washington*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)