FILED
May 10, 2001 8:00 am
Secretary of State
05-10-2001 90133 005 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000076550

1. Entity Name
MAVEN ENTERTAINMENT, INC.

A0063346

Principal Place of Business	Mailing Address
150 MATTHEW DR. STRATFORD, CT. 06614	10813 ROYAL PALLADIUM PL BOYNTON BEACH, FL 33436

2. Principal Place of Business	3. Mailing Address
150 MATTHEW DR	10813 ROYAL PALLADIUM PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: STRATFORD, CT	City & State: BOYNTON BEACH, FL
Zip: 06614 Country: FAIRFIELD	Zip: 33436 Country: PALM BEACH

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1609496 ☐ 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
GEORGE NICHOLAS KONST, ESQ 3536-5 SANDPIPER DRIVE BOYNTON BEACH, FL 33456	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	EXECUTIVE VICE PRES THOMAS K. MAGILL 10813 ROYAL PALLADIUM PL. BOYNTON BEACH, FL 33436 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ROBERT VENETIANER 150 MATTHEW DRIVE STRATFORD, CT 06614-3322 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Thomas K. Magill THOMAS K. MAGILL 04-26-01 203-375-4891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #