

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90155 041 ***150.00

DOCUMENT # P00000079263

1. Entity Name
RSC ENTERTAINMENT, INC.

Principal Place of Business Mailing Address
1513 S. LANE AVE
JACKSONVILLE, FL. 32210

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **59-3671305**
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

RONNIE HALL
1513 S. LANE AVE
JACKSONVILLE, FL. 32210

7. Name and Address of New Registered Agent

Name **BRIDGET CAYTON**
 Street Address (P.O. Box Number is Not Acceptable) **1513 S. LANE AVE**
 City **JACKSONVILLE FL 32210**

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 Bridget Cayton DATE 4-14-01
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)

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

TITLE	DIRECTOR <input checked="" type="checkbox"/> Delete
NAME	CLAUDE S. MCGEE JR
STREET ADDRESS	1623 GIRVIN RD
CITY-ST-ZIP	JACKSONVILLE, FL. 32225
TITLE	DIRECTOR <input type="checkbox"/> Delete
NAME	RONNIE HALL
STREET ADDRESS	1513 S. LANE AVE.
CITY-ST-ZIP	JACKSONVILLE FL. 32210
TITLE	DIRECTOR <input checked="" type="checkbox"/> Delete
NAME	CLAUDIA BOYETT
STREET ADDRESS	21.2 Box 1075
CITY-ST-ZIP	BRYKEVILLE, FL. 32009
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIDGET CAYTON
STREET ADDRESS	9066 NOROAD
CITY-ST-ZIP	JACKSONVILLE FL 32210
TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONNIE HALL
STREET ADDRESS	1513 S. LANE AVE
CITY-ST-ZIP	JACKSONVILLE, FL. 32210
TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUY CAYTON
STREET ADDRESS	9066 NOROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
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: Bridget Cayton DATE 4-14-01 (904) 534-8855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)