FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 27 AM 9:16

DOCUMENT # P00000079263

1. Entity Name

RCC Entertainment, Inc.

DO NOT WRITE IN THIS SPACE

200021279322
07/02/03--01071--010 **61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Starters Bar & Grill	
Suite, Apt. #, etc.: 1513 S. Lane Ave.	Suite, Apt. #, etc.: 3731 Hemlock St.
City & State: Jacksonville, Fla.	City & State: Jacksonville, Fla.
Zip: 32210 County: Duval	Zip: 32218 Country: Duval

4. FEI Number: 59-3671305 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Lois Hood

Street Address (P.O. Box Number is Not Acceptable): 3731 Hemlock St.

City: Jacksonville FL Zip Code: 32218

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Lois Hood
Signature of new registered agent, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P NAME Lois M. Hood STREET ADDRESS 1613 S. Lane ave. CITY-ST-ZIP Jacksonville Fla 322	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE V NAME Dennis D. Hood STREET ADDRESS 1613 S. Lane Ave. CITY-ST-ZIP Jacksonville, Fla. 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS	TITLE NAME STREET ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with another like empowered.

SIGNATURE: Lois M. Hood 6-23-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date