2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000088459 DOCUMENT

1. Entity Name



FILED Jan 29, 2003 8:00 am Secretary of State

01-29-2003 90156 022 ***150.00

LANET	ONE ENTERTAINMENT GRO	JOP, INC.						
Principal Plac 274 S.W. 8TH AIAMI FL 3317		Mailing Address 9274 S.W. 8TH TERRACE MIAMI FL 33174		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
t. Principal Place of Business 1075 5.W. 122 Aug. 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.			441970	CHECK HERE IF MAKING CHANGES				
Ant.	328				HECK HERE IF MAKING (plied For	ł
Clty & State		City & State Miami, FL	· · · · · · · · · · · · · · · · · · ·	4. FEI Number 6	5-1042148	No	t Applicable	ĺ
Zip 33/	75 Country	33144-1970°	Country USA.	5. Certificate of Sta		8.75 Add e Require		
•	6. Name and Address of Current	Registered Agent		7. Name and Add	ess of New Registered Ag	ent		
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	JE, IVONNE		Street Addres	ss (P.O. Box Number is N	ot Acceptable)			
	8TH TERRACE			·				
MIAMI FL 3	33174							
			City		FL	Zip Cod	e	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its regi	istered office or regis	stered agent, or both, in	he State of Florida. I am far $1-26-03$		and accept	
, a,	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Reg	gistered Agent signature requ	uired when reinstating)	DATE			
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State			Campaign Financing and Contribution.		May Be I to Fees	
After Make Check o.	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of S. OFFICERS AND		11.	Trust Fu		Added	I to Fees	
After Make Check O. ITLE IAME	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of OFFICERS AND PVTD VAZQUEZ, IVONNE		TITLE NAME	Trust Fu	nd Contribution.	Added	I to Fees	(10/02)
After Make Check O. ITLE IAME	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND	DIRECTORS	TITLE	Trust Fu	nd Contribution.	Added	I to Fees S IN 11	2E034 (10/02)
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: