

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

07-12-2001 90002 005 \*\*\*155.00

DOCUMENT # 705000088680  
 1. Entity Name  
SJB Limited, Inc. (SR)

Principal Place of Business Mailing Address  
5007 Jet Sail Dr. 5007 Jet Sail Dr.  
Orlando, Florida Orlando, Florida  
32812 32812

**A0076696**

2. Principal Place of Business Same  
 Suite, Apt. #, etc.

3. Mailing Address Same  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Zip Country

4. FEI Number  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
John Smith  
5007 Jet Sail Drive  
Orlando, Florida  
32812

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>President (CEO)</u> <u>Shawn Fisher</u> <u>5007 Jet Sail Dr.</u> <u>Orlando, FL 32812</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President (Operations)</u> <u>Bernard B. Philpott</u> <u>5007 Jet Sail Dr.</u> <u>Orlando, Florida 32812</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President (Finance)</u> <u>John D. Smith</u> <u>5007 Jet Sail Dr.</u> <u>Orlando, FL 32812</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President (CEO / Finance)</u> <u>Joseph L. Blake</u> <u>5007 Jet Sail Dr.</u> <u>Orlando, Florida 32812</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Shawn Zik Shawn Fisher 7/5/01 (407)6614554  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

Attachment # 100000058680

Form **SS-4**

**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN **10070696**

(Rev. April 2000)  
Department of the Treasury  
Internal Revenue Service

Keep a copy for your records.

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) <b>SJB Limited, Inc.</b>		
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name	
4a Mailing address (street address) (room, apt., or suite no.) <b>5607 Jet Sail Drive</b>	5a Business address (if different from address on lines 4a and 4b)	
4b City, state, and ZIP code <b>Orlando Florida 32812</b>	5b City, state, and ZIP code	
6 County and state where principal business is located <b>Orange County Florida</b>		
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶		

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Personal service corp.
<input type="checkbox"/> REMIC	<input type="checkbox"/> National Guard
<input type="checkbox"/> State/local government	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Trust
<input type="checkbox"/> Other nonprofit organization (specify) ▶	<input type="checkbox"/> Federal government/military
<input checked="" type="checkbox"/> Other (specify) ▶ <b>S Corp</b>	(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State <b>Florida</b>	Foreign country
-------------------------	-----------------

9 Reason for applying (Check only one box.) (see instructions)

<input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>S Corp</b>	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ▶
	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)  
**Sept 19, 2000**

11 Closing month of accounting year (see instructions)

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ▶ **N/A**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) . . . . . ▶

Nonagricultural	Agricultural	Household
<b>0</b>	<b>0</b>	<b>0</b>

14 Principal activity (see instructions) ▶ **Artist Development / Production (Entertainment)**

15 Is the principal business activity manufacturing? . . . . .  Yes  No  
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.

<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Business (wholesale)	<input checked="" type="checkbox"/> N/A
--	--	---	---

17a Has the applicant ever applied for an employer identification number for this or any other business? . . . . .  Yes  No  
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ **Shaun Fisher PD**

Business telephone number (include area code) <b>(907) 249-0061</b>
Fax telephone number (include area code) <b>(907) 249-0061</b>

Signature ▶ **Shaun Fisher** Date ▶ **7-5-01**

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

June 7, 2001

SJB LIMITED, INC.  
5007 JET SAIL DR  
ORLANDO, FL 32812

SUBJECT: SJB LIMITED, INC.  
Ref. Number: P00000088680

Attachment  
D# P00000088680  
A0000000

Pursuant to our telephone conversation of June 7, 2001, I am ENCLOSING A BLANK 2001 UNIFORM BUSINESS REPORT (UBR) AS REQUESTED.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Kathy Ashton  
Document Specialist

Letter Number: 301A00034927

Mrs. Ashton  
Thank you for your  
Assistance.  
Greg Glass  
Received 6/14/01