

6/4/1

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **000000092070**

1. Entity Name

FILED
Jun 26, 2001 8:00 am
Secretary of State

06-04-2001 90004 049 ***150.00

Red Eye Entertainment, Inc.

Principal Place of Business

Mailing Address

4753 N.W. 14th**P.O. Box 934957****Coconut Creek, FL 33063****Margate, FL 33093**

2. Principal Place of Business

3. Mailing Address

4753 N.W. 14th**P.O. Box 934957**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coconut Creek**Margate**

Zip

Zip

33063

Country

Country

USA**33093**

Country

4. FEI Number

65-1043192

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

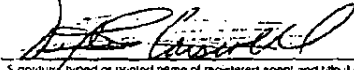
FL

Zip Code

Joseph K. Nofel
3284 North State Rd 7
Lauderdale Lakes, FL 33319

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



Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria: on back) ☐**FILE NOW!!****After MAY 1, 2001****Make Check Payable to Department of State****FEE IS \$150.00****Fee will be \$550.00**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	President Debra C. Cawood 4753 N.W. 14th Coconut Creek, FL 33063	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

Date

Daytime Phone #

CR2034 (1/00)