2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000093521

1. Entity Name

FILED May 03, 2001 8:00 am Secretary of State

DARK SHADOWS ENTERTAINMENT, CORPORATION			05-03-2001 90	100 020 ***150.0	00
Principal Place of Business 170 N LARRY DR PANAMA CITY FL 32404	Mailing Address 170 N LARRY DR PANAMA CITY FL 32404				
2. Principal Place of Business 110 N. Larry Dy. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	arry Dr.	DO NOT WRITE I	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Panama City, Florida 312404 CSA. 6. Name and Address of Curry	ory State Fanama (3 ^{ip} 2404	Pity, Florida U.S.A.	FEI Number Certificate of Status Desired Name and Address of New Regi	Not \$8.75 Addi	plied For Applicable itional
TAYLOR, C STEVEN JR 170 N LARRY DR PANAMA CITY FL 32404		City Down	Steven Taylor (P.O. Box Number is Not Acceptable)' Larry Dr.	Jr.	404
8. The above named entity submits this statement SIGNATURE Signature, typed or printed name of registered as	Saylor In		ared agent, or both, in the State of Florida $arphi$ 4 -	27-01 DATE	
9. This corporation is eligible to satisfy its Intangi Tax filing requirement and elects to do so. (See criteria on back) [[]	After MAY 1, 200	! FEE IS \$150.00 If Fee will be \$550.00 le to Department of Sta	10. Election Campaign Financ Trust Fund Contribution.		May Be to Fees
TITLE NAME C. Steven Taylor, J. STREET ADDRESS ITO N. Larry Dr. Tanama City, Flo	rida 32404	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICE	☐ Change	Addition Addition
NAME Benito La Rosa, JE STREET ADDRESS 24-63 37155+ CITY-ST-ZIP ASTONIA, New York	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	الله المستعمل و المستعمل و المستعمل و	Change	Addition
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TITLE	☐ Delete	TITLE		☐ Change	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

STANING OFFICER

. Steven Taylor, Ir

04-27-01

850-871-648

Daytime Phone #