

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90089 039 ***150.00

DOCUMENT # P00000094734

1. Entity Name
SP2 ENTERTAINMENT, INC.



Principal Place of Business
1538 N. HAYWORTH AVE
#6
LOS ANGELES CA 90046

Mailing Address
1538 N. HAYWORTH AVE
#6
LOS ANGELES CA 90046



2. Principal Place of Business
555 NE 15th St.

3. Mailing Address
555 NE 15th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

31B

31B

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Zip

Country

Country

33132

USA

33132

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1055770

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHASE, BARRY O ESQ.
SE 3RD AVE., #1860
MIAMI FL 33131

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

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

3.23.03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D. HERNANDEZ, JOSE A
1538 N. HAYWORTH AVE #6
LOS ANGELES CA 90046 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
555 NE 15th St
Miami, FL 33132 ☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)