

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90083 036 \*\*\*150.00

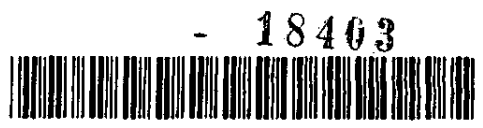
**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P0000097495**

1. Entity Name  
**PLATINUM ENTERTAINMENT INC.**

Principal Place of Business *11215 Spinning Reel Circle*  
~~1615 RIVER REACH DR., #61 ORLANDO FL 32828~~  
**P.O. BOX 780636 ORLANDO FL 32878-0636**

Mailing Address  
~~1615 RIVER REACH DR., #61 ORLANDO FL 32828~~  
**P.O. BOX 780636 ORLANDO FL 32878-0636**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59 367 9212** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**HELMY, MOHAMED S**  
~~1615 RIVER REACH DR., #61 ORLANDO FL 32828~~  
*11215 Spinning Reel Circle Orlando FL 32825*

7. Name and Address of New Registered Agent

Name  
**HELMY, MOHAMED S**  
*P.O. BOX 780636*  
**ORLANDO, FL 32878-0636**

Street Address (P.O. Box Number is Not Acceptable)  
*11215 Spinning Reel Circle Orlando FL 32825*

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 \_\_\_\_\_

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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HELMY, MOHAMED S</b> <del>1615 RIVER REACH DR., #61 ORLANDO FL 32828</del> <i>P.O. BOX 780636 Orlando FL 32878</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>11215 Spinning Reel Circle</i> <b>ORLANDO FL 32825</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: *Mohamed S. Helmy* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *01/14/01* Daytime Phone #: *(407) 266-1035*

CR2E034 (9/01)