2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000105924 1. Entity Name OH SO REAL! ENTERTAINMENT, INC. Principal Place of Business Mailing Address 317 DRAKE ELM DRIVE 317 DRAKE ELM DRIVE KISSIMMEE FL 34743 KISSIMMEE FL 34743 2. Principal Place of Business. Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED Apr 24, 2001 8:00 am Secretary of State

04-24-2001 90042 034 ***150.00



DO NOT WRITE IN THIS SPACE

110	<u> 186 - </u>	HOUSE					
City & Star	immee FC	City & State KISS TMMCC	, F(4.	FEI:Number	}	Applied For
Zip	Country		Country		21-2102111		Not Applicable
347	X/3	74743	Country	5. (Certificate of Status Desired	\$8.75 Ac Fee Requir	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GUILLAUME, ANTHONY 317 DRAKE ELM DRIVE							
				Street Address (P.O. Box Number is Not Acceptable)			
}			City			Zip Cor	de
			0)		<u> </u>	Zip Cos	JC
8. The above	named entity submits this statement for t	the purpose of changing its req	gistered office or req	gistered ag	ent, 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. After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be							
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee Make Check Payable to D					Trust Fund Contribution.	☐ Adde	du May Be
		Make Check Payable					
11.	OFFICERS AND DI		12.	AD	DITIONS/CHANGES TO OFFICERS A		
TITLE Name	PEETS, DANIEL	☐ Delete	TITLE			☐ Change	☐ Addition ☐
STREET ADDRESS	317 DRAKE ELM DRIVE		NAME STREET ADDRESS		•		
CITY-ST-ZIP	KISSIMMEE FL 34743		CITY-ST-ZIP				
TITLE	V	☐ Delete	TITLE			☐ Change	M Addition
NAME	GUILLAUME, ANTHONY		NAME				
STREET ADDRESS	317 DRAKE ELM DRIVE		STREET ADDRESS			٠	
CITY-ST-ZIP	KISSIMMEE FL 34743		CITY-ST-ZIP				
TITLE	S MALONEY OTERNEN N	Delete .	TITLE			Change	☐ Addition
NAME STREET ADDRESS	MALONEY, STEPHEN N 250 E. CEDARWOOD CIRCLE		NAME			• *	
CITY-ST-ZIP	KISSIMMEE FL 34743		STREET ADDRESS CITY-ST-ZIP				
TITLE	T	☐ Delete	TITLE				
NAME	GUILLAUME, RICHARD	□ Delete	NAME			☐ Change	Addition
STREET ADDRESS	317 DRAKE ELM DRIVE		STREET ADDRESS				
CITY-ST-ZIP	KISSIMMEE FL 34743		CITY-ST-ZIP				}
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME			-	ļ
STREET ADDRESS CITY -ST- ZIP			STREET ADDRESS				
TITLE			CITY-ST-ZIP		<u> </u>		
NAME		☐ Delete	TITLE NAME			Change	☐ Addition
STREET ADDRESS	•	1	STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				1
13. I hereby condicated	ertify that the information supplied with the on this report or supplemental report is true.	is filing does not qualify for the ue and accurate and that my s	e exemption stated in ignature shall have	n Section 1 the same le	19.07(3)(i), Florida Statutes. I further co	ertify that the i	nformation r 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:

SIGNING OFFICER OR DIRECTOR