

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91844 014 \*\*\*150.00

DOCUMENT # P00000107562

1. Entity Name

Wildlife Features Entertainment  
Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

13727 SW. 152 St.

3. Mailing Address

P.O. Box 246344

Suite, Apt. #, etc.

Suite 273

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Pembroke Pines FL

4. FEI Number

65-1055909

Applied For

Not Applicable

Zip

33177

Country

USA

Zip

33024

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

GARY S. HARRIS

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

701 NW 93 Ave

City

Pembroke Pines

FL

Zip Code

33024

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
Tom, Andre LEE  
13727 S.W. 152 St. Suite 273  
Miami, FL. 33177

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
BRUCE, ROBERT  
13727 SW 152 St Suite 273  
Miami, FL. 33177

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

Andre Lee Tom  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 2003 (954) 394-2793  
Date Daytime Phone #

CR2E034B (12/02)