

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

*Amended*

*Amended*  
DOCUMENT #

P00000108543

1. Entity Name

Global Entertainment Network, Inc.

FILED

02 AUG 26 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4000 Hollywood Boulevard

Suite, Apt. #, etc.

Suite 735 South Tower

City & State

Hollywood, FL

Zip

33021

Country

USA

3. Mailing Address

4000 Hollywood Boulevard

Suite, Apt. #, etc.

Suite 735 South Tower

City & State

Hollywood, FL

Zip

33021

Country

USA

4. FEI Number

65-1057718

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Michael P. Gable

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

4000 Hollywood Boulevard

Suite 735 South Tower

City

Hollywood

FL

Zip Code  
33021

**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.

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. ☐  
(See criteria on back)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President, Sec'y., Treas., Director  
Thomas M. Kann  
4000 Hollywood Blvd., Ste. 735 S. Tower  
Hollywood, FL 33021

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas M. Kann

8/20/02

(305) 868-0123

Date

Daytime Phone #

CR2E034B (12/01)