

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000111852

1. Entity Name

SUNSUM ENTERTAINMENT GROUP, INC.

**FILED**  
Jul 19, 2001 8:00 am  
Secretary of State

05-23-2001 90463 039 \*\*\*158.75

Principal Place of Business  
3550 BISCAYNE BLVD.  
SUITE 300  
MIAMI FL 33137

Mailing Address  
3550 BISCAYNE BLVD.  
SUITE 300  
MIAMI FL 33137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
604

Suite, Apt. #, etc.  
604

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
65-1059067

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

SPENCE, MICHELLE  
3550 BISCAYNE BLVD.  
SUITE 300  
MIAMI FL 33137

Suite 604

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.

SIGNATURE

Signature, typed or printed name of registered agent and true 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) ☐

FILE NO. 1111 FEE IS \$150.00  
After MAY 1, 2001 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  
D  
SPENCE, MICHELLE  
3550 BISCAYNE BLVD. SUITE 300  
MIAMI FL 33137

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete ☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LOUISLAS, JOSEPH  
3550 BISCAYNE BLVD. SUITE 300  
MIAMI FL 33137

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete ☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete ☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete ☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete ☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete ☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete ☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete ☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete ☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete ☐ Change ☐ Add

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 the signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michelle Spence