

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90082 014 ***150.00

DOCUMENT # P01000002228

1. Entity Name
R.P.M. ENTERTAINMENT CONSULTING, INC.



Principal Place of Business
**400 S DIXIE HWY SUITE 2
HALLANDALE FL 33009**

Mailing Address
**7900 N.W. 27TH AVENUE
10 SOUTH COURT
MIAMI FL 33147**



2. Principal Place of Business

6157 NW 167TH STREET

3. Mailing Address

6157 NW 167TH STREET

Suite, Apt. #, etc.

Unit F-12

Suite, Apt. #, etc.

Unit E-12

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33015

Country

U.S.A.

Zip

33015

Country

U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1068365**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEWIS, PAUL
10351 SW 9TH LANE
PEMBROKE PINES FL 33025**

7. Name and Address of New Registered Agent

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **P** ☐ Delete
NAME **LEWIS, PAUL**
STREET ADDRESS **10351 SW 9TH LANE**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE **VP** ☐ Delete
NAME **BLACK, JONATHAN R**
STREET ADDRESS **1119 E TROPICAL WAY**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **T** ☐ Delete
NAME **ANDERSON, ROBERT**
STREET ADDRESS **14411 COMMERCE WAY STE 320**
CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **HENDERSON, Robert**
STREET ADDRESS **14411 Commerce Way STE 320**
CITY-ST-ZIP **MIAMI LAKES, FL 33016**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JONATHAN R. BLACK

03/04/03

305-827-7394

Date

Daytime Phone #

CR2E034 (10/02)