2003 FOR PROFIT CORPORATION

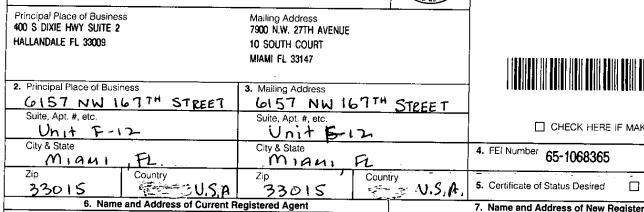
UNIFORM BUSINESS REPORT (UBR

P01000002228 DOCUMENT #

1. Entity Name

R.P.M. ENTERTAINMENT CONSULTING, INC.





FILED

03-07-2003 90082 014 ***150.00

Mar 07, 2003 8:00 am Secretary of State

☐ CHECK HERE IF MAKING CHANGES

Applied For Not Applicable \$8.75 Additional

Fee Required 7. Name and Address of New Registered Agent

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

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

City

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)

Name

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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition LEWIS, PAUL NAME NAME 10351 SW 9TH LANE STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33025 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition BLACK, JONATHAN R NAME NAME STREET ADDRESS 1119 E TROPICAL WAY STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33317 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HENDERSON, Robert 14411 Commerce Way STE 320 ANDERSON, ROBERT NAME NAME STREET ADDRESS 14411 COMMERCE WAY STE 320 STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33016 MIAUI LAKES, FL. 33016 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: