

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

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90009 001 ***158.75

DOCUMENT # **P01000011329**
1. Entity Name
KRENN Lounge management Company

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3744 Sunrise Oaks Dr. P.O. Box 291718

3. Mailing Address
3744 Sunrise Oaks Dr. P.O. Box 291718

DO NOT WRITE IN THIS SPACE

City & State
Port Orange, FL
Zip
32129
Country
USA

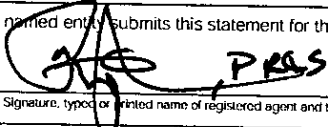
City & State
Port Orange, FL
Zip
32129
Country
USA

4. FEI Number
59-3711315
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Ronald J. Krenn
Street Address (P.O. Box Number is Not Acceptable)
3744 Sunrise Oaks Dr.
City
Port Orange FL Zip Code
32129

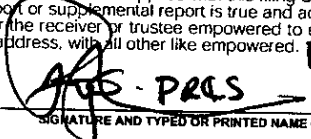
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE  **PRCS Ronald J. Krenn President 4/30/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 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 Ronald J. Krenn. 3744 Sunrise Oaks Dr Port Orange, FL 32129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Becky L. Krenn 3744 Sunrise Oaks Dr. Port Orange, FL 32129	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 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 11 or on an attachment with an address, with all other like empowered.
SIGNATURE:  **PRCS Ronald J. Krenn President 4/30/02 386-304-0191**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034B (12/01)