

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

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91145 044 \*\*\*150.00

DOCUMENT # **P01000013123** ✓

1. Entity Name

**Dream Machine Entertainment, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**481 Nantucket Ct. #302**

3. Mailing Address

**481 Nantucket Ct.**

Suite, Apt. #, etc.

**Altamonte**

Suite, Apt. #, etc.

**#302**

City & State

**Altamonte Springs, FL**

City & State

**Altamonte Springs, FL**

Zip

**32714**

Country

**USA**

Zip

**32714**

Country

**USA**

4. FEI Number

**59-3696872**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Greg Galloway**

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

**2000 Universal Studios Plaza**

**Bldg 32 Suite 601**

City

**Orlando**

FL

Zip Code

**32819**

**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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>P</b>						
	<b>Robert DeRosa</b>						
	<b>9859 Balmoral Cir.</b>						
	<b>Orlando, FL 32817</b>						
	<b>V</b>						
	<b>Greg Picora</b>						
	<b>481 Nantucket Ct. #302</b>						
	<b>Altamonte Springs, FL 32714</b>						

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert DeRosa**

**4/30/02 (818)724-0837**

Date

Daytime Phone #

CR2E034B (12/01)