FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PO1000016066**

1. Entity Name

Sonic Express Entertainment, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8553 Southampton Drive

Suite, Apt. #, etc.

3. Mailing Address

8553 Southampton Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miramar, Florida

Zip 33025   Country United States

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Zip 33025   Country United States

4. FEI Number

65-1077162

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   Spiegel & Utrera, P.A.

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

343 Almeria Avenue

City   Coral Gables, Florida 33134   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

9. Election Campaign Financing Trust Fund Contribution. ☐

$5.00 May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PTD	TITLE
NAME	Jackson, Donald II	NAME
STREET ADDRESS	8553 Southampton Drive	STREET ADDRESS
CITY-ST-ZIP	Miramar, Florida 33025	CITY-ST-ZIP
TITLE	SD	TITLE
NAME	Jackson, Andrea	NAME
STREET ADDRESS	8553 Southampton Drive	STREET ADDRESS
CITY-ST-ZIP	Miramar, Florida 33025	CITY-ST-ZIP
TITLE	D	TITLE
NAME	Jackson, Donald III	NAME
STREET ADDRESS	8553 Southampton Drive	STREET ADDRESS
CITY-ST-ZIP	Miramar, Florida 33025	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address with all other like empowered.

SIGNATURE: _____   4-12-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034B (12/02)