


04-21-2003 90505 036 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P01000016273</b> 1. Entity Name <b>STREETZ ENTERTAINMENT, INC.</b>		
Principal Place of Business 750 ORANGE BLOSSOM TRAIL, SUITE 234 ORLANDO, FL 32805		Mailing Address 4630 S. KIRKMAN RD. STE. 145 ORLANDO, FL 32811
2. Principal Place of Business <i>931 Copen Hagen Way</i> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State <i>Winter Gardens, FL</i>		City & State
Zip <i>34787</i>	Country	4. FEI Number <i>65-1089229</i> <i>03-1488229</i>
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent ALVAREZ, GILBERT R 750 ORANGE BLOSSOM TRAIL, SUITE 234 ORLANDO, FL 32805		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>931 Copen Hagen Way</i> City <i>Winter Gardens</i> State <i>FL</i> Zip Code <i>34787</i>
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when electing.)</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V ALVAREZ, ALFONSO J 7324 SW 169 AVE MIAMI, FL 33183	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P ALVAREZ, GILBERT R 4630 S. KIRKMAN RD. #145 ORLANDO, FL 32811	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
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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: <i>Alfonso J. Alvarez</i>		Date: <i>4/17/03</i>

90099665



CHECK HERE IF MAKING CHANGES

CRREC094 (1/02)