2002 UNIFORM BUSINESS REPORT (UBR)

2002	2 UNIFOR	M BUSII	R)	FILED Mar 07, 2002 8:00 am							
DOCU 1. Entity Nam	MENT #	0017147				Seci	retary	of Sta	te	0223585 AV	
	ITERTAINMENT,	INC.					03-07	7-2002 90043 (030 ***150.0	00	< .
Principal Place of Business 1665 MICHIGAN AVENUE MIAMI BEACH FL 33139			Mailing Address 1665 MICHIGAN AVENUE MIAMI BEACH FL 33139				148048141118		8 /80 (1881) (1888) (1881)	A1811 (A18 (A18)	
2. Principal P	Place of Business	3. Mailing Address SISLAND AVE									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	re		MIAMI BE	4CH	FL	4.	FEI Number 65~/	07856		plied For t Applicable	
Zip	Country		^{Zip} 33 139	Coun	SA	e "	Certificate of Status		\$8.75 Add		
·	6. Name and Addr	ess of Current Re	gistered Agent		Name	<u>. </u>	Name and Address	of New Registers			
SILBERHEER, SERGIO 1665 MICHIGAN AVENUE MIAMI BEACH FL 33139					Street Address (P.O. Box Number is Not Acceptable)						
.,,,, 02	,				City M	liami	BEACH	F	Zip Code	139	
8. The above	& Luy.	his statement for th	ne burpose of changing it		ed office or		gent, or both, in the s				
Tax filing r	pration is eligible to sati requirement and elects ria on back)	sfy its Intangible	FILE NOW After May 1, 20 Make Check Paya	!!! FEE 102 Fee	IS \$150.0 will be \$5	00 50.00	1	npaign Financing		0 May Be to Fees	
11.	D	OFFICERS AND DI	RECTORS Delete	12.			GIO SILB		ND DIRECTORS Change	S IN 11	E
NAME STREET ADDRESS CITY-ST-ZIP	SILBERHEER, SER 1665 MICHIGAN A' MIAMI BEACH FL	VENUE		NAMI STRE		9 is	LAND AVI	E * 1102	. 7		2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition	CR2E(
TITLE NAME STREET ADDRESS		<u> </u>	☐ Delete		E Et address		· · ·		☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAMI STRE	E ET ADDRESS	 			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STRE		10			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STRE	:	_			Change	Addition	
13. I hereby of indicated of the corp changed,	certify that the information on this report or supple poration or the receiver or on an attachment w	on supplied with this mental report is tru for trustee empowe th an address, with	s filing does not qualify for the and accurate and that ered to execute this report and other live ampowered	r the exer my signat as requir	mption stat ure shall ha ed by Cha	ed in Section ave the same pter 607, Flor	119.07(3)(i), Florida legal effect as if ma ida Statutes; and tha	Statutes. I further de under oath; that my name appear	certify that the ir t I am an officer rs in Block 11 or	formation or director Block 12 if	

Date

Daytime Phone #