

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91325 006 \*\*\*150.00

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

DOCUMENT # **P0100002772B**

1. Entity Name  
**ABL ENTERTAINMENT GROUP, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**120 International Pkwy**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
**Suite 220**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Heathrow, FL 3**

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip  
**32746**

Country  
**US**

Zip

Country

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  
**JOSEPH LOGUIDICE, CPA**

Street Address (P.O. Box Number is Not Acceptable)  
**555 W. GRANADA BLVD**

**SUITE B-5**

City  
**ORMOND BEACH**

FL

Zip Code  
**32174**

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  
**DIRECTOR - PRESIDENT**  
**ARNOLDA LEONORA**  
**120 INTL PKWY - SUITE 220**  
**HEATHROW FLA 32746**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR**  
**JOSEPH OBI**  
**120 International Pkwy - Suite 220**  
**HEATHROW, FLA 32746**

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**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

**ARNOLDA LEONORA**  
**PRESIDENT/DIRECTOR**

DATE

Daytime Phone #

**4/24/2002 407 304-4790**

CR2E034B (12/01)