

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN -9 PM 2:31



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000036785
1. Entity Name
 THE ENTERTAINER OF JACKSONVILLE, INC.

Principal Place of Business
 10005 E. VIN-YARD LAKE
 JACKSONVILLE FL 32258

Mailing Address
 10005 E. VIN-YARD LAKE
 JACKSONVILLE FL 32258

please change as in #2 + 3

2. Principal Place of Business
 9501 ARLINGTON EXPWY.
 Suite, Apt. #, etc. #655

3. Mailing Address
 9951 ATLANTIC BLVD
 Suite, Apt. #, etc. #159

City & State
 JACKSONVILLE, FL

City & State
 JACKSONVILLE, FL

Zip 32225 **Country** USA

Zip 32225 **Country** USA

4. FEI Number 59-3711893

Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCE MILLER, JOHN
 333 FIRST STREET N.
 SUITE 305
 JACKSONVILLE BEACH FL 32250

3 please delete

7. Name and Address of New Registered Agent

Name HARSHULA PATEL

Street Address (P.O. Box Number is Not Acceptable)
 9951 ATLANTIC BLVD #159

City JACKSONVILLE **FL** **Zip Code** 32225

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 *Harshula Patel* **DATE** 10/23/02

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE GROWTH FEE IS \$580.00
After September 13, 2002 Fee will be \$750.00
Fee Change Applicable to Corporations in State

10. Election Campaign Financing Trust Fund Contribution **\$5.00 May be Added to Fee:**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAKSUD, HAMDY <input checked="" type="checkbox"/> Delete	NAME	
STREET ADDRESS	10005 E. VIN-YARD LAKE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32258	CITY-ST-ZIP	
TITLE	MAKSUD, HAMDY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAKSUD, HAMDY	NAME	
STREET ADDRESS	9951 Atlantic Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Suite 159, Jacksonville, FL 32225	CITY-ST-ZIP	
TITLE	32225 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	President	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAKSUD, HAMDY <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	9951 Atlantic Blvd., Suite 159	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32225	CITY-ST-ZIP	
TITLE	VP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAKSUD, Mona <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	9951 Atlantic Blvd, Suite 159	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32225	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

10/30/02--01012--001 \$150.00

19. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 Block 12 of this report, changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Hamdy M. M...*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 10/26/02

Date Day(s) Month Year

The Entertainer of Jacksonville, Inc.
9951 Atlantic Boulevard
Suite 159
Jacksonville, FL 32225

Mr. Andy Dunlap

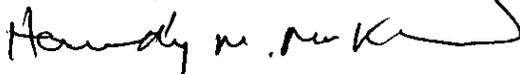
December 2, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Andy

As per our telephone conversation this Monday morning, in which I explained to you how we paid the filing fee of \$150.00 twice; once on April 8, 2002 (Check # 10223). That check was posted toward the old corporation (The Entertainer of Jacksonville Beach, Inc.), this corporation we asked to be dissolved and replaced by "The Entertainer of Jacksonville, Inc.) back in April 8, 2002. In the mean time we expected all correspondence from the state to arrive at the new address that we have notified the Division of Corporations in July, 2001. Unfortunately, the filing document was mailed to my old address, yet after several months it was forwarded to me, and I received it in my hand October 20, 2002, and with good intentions, I immediately filed it with another \$150.00 (check # 2260) and attached a letter explaining why I filed it late (a copy of that letter is attached). Based on these facts and under these circumstances I'm pleading with you to waive the penalties for late filing and to re-estate the corporation. Thanking you in advance, I remain.

Yours Truly



Hamdy Maksoud