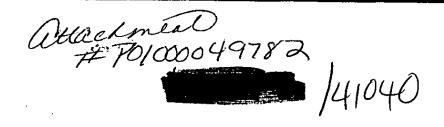
**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Aug 08, 2002 8:00 am Secretary of State P01000049782 **DOCUMENT #** 07-18-2002 90124 017 \*\*\*150.00 1. Entity Name JAMERICAN ENTERTAINMENT INC. Principal Place of Business Malling Address 41040 6207 W. RIDGEWOOD AVE. 6207 W. RIDGEWOOD AVE. ORLANDO FL 32835 ORLANDO FL 32835 2. Principal Place of Business 3. Mailing Address 6207 W. 6207 W idaewood ANP. Suite, Apt. #, etc. uite. Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For <u>ORlando</u> ORlando Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Selvin McRae MCRAE. SELVIN JUNIOR Street Address (P.O. Box Number is Not Acceptable) 6207 W. RIDGEWOOD AVE. ORLANDO FL 32835 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 the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE Deléte TITLE Change Addition MCRAE, SELVIN JUNIOR MAME NAME 6207 W. RIDGEWOOD AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32835 CITY-ST-ZIP TITL F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-712 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71F CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE -☐ Change ☐ Addition NAME == NAME --STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this fling indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered. es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information curate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director egule this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address



Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Dear Sir-/-Madam,

Please be advised that I incorporated my business on July 7th 2001 and I was not aware that I was suppose to complete an Uniform business report and send in the fee on or before April 30, 2002. As previously discussed on the phone, I never received the 2002 -Uniform-Business-Report:-The-first-notice-that-I-received-was-A-late-notice,-which-stated that I was delinquent and that I must pay five hundred fifty DOLLARS (\$550.00) Dollars before September 1, 2002. Please note, I am enclosing the fee of One Hundred Fifty Dollars along with this letter and my completed 2002 Uniform Business Report. I trust that this will clear up the matter and my reports in the future will be timely.

SELVIN MCRAE

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