

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

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90006 021 \*\*\*155.00

DOCUMENT # *P.01000049.782*

1. Entity Name

*JAMERICAN ENTERTAINMENT*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*6207 W. Ridgewood*

3. Mailing Address

*Same*

Suite, Apt. #, etc.

*N/A*

Suite, Apt. #, etc.

*Same*

City & State

*Orlando FL*

City & State

*Same*

Zip

*32835*

Country

*USA*

Zip

*Same*

Country

*Same*

4. FEI Number

*30-0106916*

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*McRAE Selvin Junior*

Street Address (P.O. Box Number is Not Acceptable)

*6207 W. Ridgewood Ave*

City

*Orlando*

FL

Zip Code

*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 with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*3-24-04*

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>McRAE Selvin Junior 6207 W. Ridgewood Ave Orlando FL 32835</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 for justice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with a bona fide empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/24/04* 407 201-9111  
Date Daytime Phone #

CR2E034B (12/02)