

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-07-2002 90356 044 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000050702

1. Entity Name
BLAST OFF ENTERTAINMENT, INC.

Principal Place of Business C/O KROSS REGISTERED AGENT CORPORATION 100 SE 2ND ST., 28TH FL MIAMI FL 33131	Mailing Address C/O KROSS REGISTERED AGENT CORPORATION 100 SE 2ND ST., 28TH FL MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5101 N. Bay Rd Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc. Same	4. FEI Number 05-1108348	Applied For <input type="checkbox"/> Not Applicable
City & State Miami Beach, FL	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33140	Country USA		

8. Name and Address of Current Registered Agent KROSS REGISTERED AGENT CORPORATION 100 SE 2ND ST., 28TH FL MIAMI FL 33131		Name and Address of New Registered Agent RICHARD C. WOLFE, ESQ. PATHMAN LEWIS, LLP ONE BISCAYNE TOWER, SUITE 2400 2 SOUTH BISCAYNE BLVD. MIAMI, FL 33131	
		City MIAMI, FL 33131	Zip Code FL

9. 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]* (NOTE: Registered Agent signature required when reinstating) DATE: **4/23/02**

10. This Corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$350.00 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RUDY PEREZ 5101 N. Bay Road MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
			Pres Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Kristian Perez 5101 N. Bay Road MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
			President <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **4/11/02 (305) 867-7796**

CR2E004 (9/01)