

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90024 028 ***150.00

DOCUMENT # P01000060258

1. Entity Name
FORTI LAYNE ENTERTAINMENT, INC.

Principal Place of Business C/O KTG&S REGISTERED AGENT CORPORATION 100 SE 2ND STREET, 28TH FL MIAMI FL 33131	Mailing Address C/O KTG&S REGISTERED AGENT CORPORATION 100 SE 2ND STREET, 28TH FL MIAMI FL 33131
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2. Principal Place of Business 436 SW 8 STREET	3. Mailing Address SAME
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Suite, Apt. #, etc. Suite 206	Suite, Apt. #, etc.
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City & State MIAMI FL	City & State
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4. FEI Number **65-1115643**

Applied For
 Not Applicable

Zip 33130	Country USA	Zip	Country
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
100 SE 2ND STREET, 28TH FL
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name RICHARD C. WOLFE, ESQ.
Street Address PATHMAN LEWIS, LLP ONE BISCAYNE TOWER, SUITE 2400 2 SOUTH BISCAYNE BLVD.
City MIAMI, FL 33131 FL
Zip Code

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)

4/22/02
 DATE

☒ This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT BRIAN FORTI 436 SW 8 ST. #206 MIAMI FL 33130	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
VICE PRESIDENT KEVIN LAYNE 436 SW 8 ST. #206 MIAMI FL 33130	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

Brian Forti
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02 305-857-5250
 DATE Daytime Phone #

CR2E034 (9/01)