2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000060679

1. Entity Name

C L A N ENTERTAINMENT, INC.

Principal Place of Business	Mailing Address
13939 SE HWY 42	13939 SE HWY 42
WEIRSDALE FL 32195	WEIRSDALE FL 32195

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip — Country	Zip — Country	**4.** FEI Number 59-3738355 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
LANAHAN, CLARA	Name
11296 SE 175 PLACE	Street Address (P.O. Box Number is Not Acceptable)
SUMMERFIELD, FL 34491	City 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. 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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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 | **11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE			☐ Delete	TITLE		☐ Change	☐ Addition
PD							
NAME LANAHAN, CLARA				NAME			
STREET ADDRESS 11296 SE 175 PLACE				STREET ADDRESS			
CITY-ST-ZIP SUMMERFIELD FL 34491				CITY-ST-ZIP			

TITLE	☐ Delete	TITLE	☐ Change	☐ Addition
STD				
NAME LANAHAN, CLARA		NAME		
STREET ADDRESS 11296 SE 175 PLACE		STREET ADDRESS		
CITY-ST-ZIP SUMMERFIELD FL 34491		CITY-ST-ZIP		

TITLE	☐ 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		

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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		

CR2E034 (10/02)

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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CLARA LANAHAN

SIGNATURE: _Clara Lanahan_ SIGNATURE REQUIRED   2-18-03   352-821-1201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #