

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92209 025 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	P01000061361	YEAR-2003
1. Entity Name		
INSTANT KARMA ENTERTAINMENT GROUP, CORP		

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3545 NE 166TH STREET, SUITE #202		3545 NE 166TH STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE # 202		SUITE # 202	
City & State		City & State	
NORTH MIAMI, FL		NORTH MIAMI-FLORIDA	
Zip	Country	Zip	Country
33160	USA	33160	USA

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
52-2324346		<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name	
PYTLOWANY, PABLO	
Street Address (P.O. Box Number is Not Acceptable)	
3545 NE 166TH STREET	
SUITE # 202	
City	Zip Code
MIAMI	33160

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  **PABLO PYTLOWANY** **4/25/2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PDTS
NAME	PYTLOWANY, PABLO
STREET ADDRESS	3545 NE 166TH STREET, SUITE # 202
CITY-ST-ZIP	NORTH MIAMI, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
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CITY-ST-ZIP	

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 or trustee 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 all other like empowered.

SIGNATURE:  **PABLO PYTLOWANY, PRESIDENT** **4/25/2003** **(305) 354-8602**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**