

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90305 028 ***150.00

0230628 AV

DOCUMENT # P01000064907

1. Entity Name
PPNJ ENTERTAINMENT, INC.

(Handwritten initials)



Principal Place of Business
427 BILTMORE WAY, STE. 201
CORAL GABLES FL 33134

Mailing Address
427 BILTMORE WAY, STE. 201
CORAL GABLES FL 33134



2. Principal Place of Business
23101 SOUTH DIXIE HWY

3. Mailing Address
23101 SOUTH DIXIE HWY

Suite, Apt. #, etc.

City & State
COVINGTON FLA

Zip Country
33171 US

4. FEI Number **65-1130321**

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONTOTO, TEDDY L.
7721 S.W. 62ND AVENUE
SUITE 101
MIAMI FL 33143

Name
Street Address (P.O. Box Number is Not Acceptable)
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 *(Handwritten Signature)* DATE **6-30-03**

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	PTD	<input type="checkbox"/> Delete
NAME	JUST, NICK L	
STREET ADDRESS	23101 S. DIXIE HIGHWAY	
CITY-ST-ZIP	MIAMI FL 33170	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	PERITO, PAUL	
STREET ADDRESS	23101 S. DIXIE HIGHWAY	
CITY-ST-ZIP	MIAMI FL 33170	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE: *(Handwritten Signature)* DATE **6-30-03** 305-258-4447

CR2E034 (10/02)