

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO1000069504 ✓

1. Entity Name

HOUSE OF SIN ENTERTAINMENT INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10901 GRIFFING BLVD.

Suite, Apt. #, etc.

3. Mailing Address

10901 GRIFFING BLVD.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

BISCAYNE PARK, FL.

4. FEI Number

65-1125735

Applied For

Not Applicable

Zip

33161

Country

U.S.A.

Zip

33161

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name JOHN W. RUSSELL

Street Address (P.O. Box Number is Not Acceptable)

10901 GRIFFING BLVD.

City MIAMI

FL

Zip Code

33161

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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 reappointing)

DATE

6-24-02

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

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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
PRESIDENT
JOHN W. RUSSELL
10901 GRIFFING BLVD.
BISCAYNE PK. FL. 33161

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN W. RUSSELL

4/16/02 (786) 236-3248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

05-01-2002 91524 008 ***150.00

37256

DO NOT WRITE IN THIS SPACE

Attachment

6-24-02

HOUSE OF SIN ENT.
10901 GRIPPING BLVD.
BICCOYNE PARK, FL. 33161
PEI # 65-1125735.

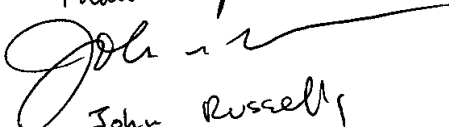
37256

Ref# P01000069504

To Whom it may concern:

I recently changed my registered agent.
enclosed is the newly changed OBR. signed and
Dated. ~~signed~~

Thank you


John Russell