FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State
05-01-2002 91524 008 ***150.00

DOCUMENT # P01000069504

1. Entity Name
HOUSE OF SIN ENTERTAINMENT INC.

DO NOT WRITE IN THIS SPACE

37256

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10901 GRIFFING BLVD.	10901 GRIFFING BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL.	City & State: BISCAYNE PARK, FL.
Zip: 33161 Country: U.S.A.	Zip: 33161 Country: U.S.A.

4. FEI Number: 65-1125735 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

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: _____ 6-24-02
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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: PRESIDENT NAME: JOHN W. RUSSELL STREET ADDRESS: 10901 GRIFFING BLVD. CITY-ST-ZIP: BISCAYNE PK. FL. 33161	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 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 #

Attachment

6-24-02

37256

HOUSE OF SIN ENT.
10901 GRIFFING BLVD.
BISCAYNE PARK, FC. 33161
FEI # 65-1125735.

Ref# P01000069504

To Whom it may concern:

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

Thank you

John Russell