

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Oct 01, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90143 048 \*\*\*150.00

**DOCUMENT # P01000075788**

1. Entity Name  
**TMK ENTERTAINMENT, INC.**

**43259**

Principal Place of Business  
 10701 FLYCAST CIR.  
 ORLANDO FL 32825

Mailing Address  
 10701 FLYCAST CIR.  
 ORLANDO FL 32825

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

**59-3730690**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**OUELLET, CARMEN**  
**10701 FLYCAST CIR.**  
**ORLANDO FL 32825**

7. Name and Address of New Registered Agent

Name **Todd Kay**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10701 Flycast Circle**  
 City **Orlando** FL Zip Code **32825**

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

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

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>D</b> <b>OUELLET, CARMEN</b> <b>10701 FLYCAST CIR.</b> <b>ORLANDO FL 32825</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KAY, TODD</b> <b>10701 FLYCAST CIR.</b> <b>ORLANDO FL 32825</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 Block 12 if changed, or on an attachment with an address, with all other filers approved.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-11-02**

Date

Daytime Phone #

CR2E034 (4/02)

Attachment PO1000075788/ 43259

**TMK Entertainment, Inc.**

July 11, 2002

State of Florida  
Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

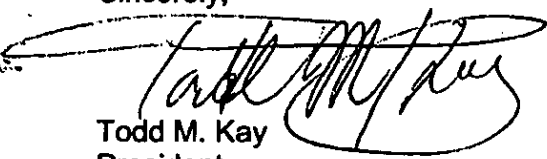
I have enclosed the completed Uniform Business Report (UBR) for TMK Entertainment, Inc.

Unfortunately, I never received the original form for filing due to a wrong address. When I checked our status on Sunbiz.org, and I saw that my form had not been filed.

I am asking that you please accept my form and check for \$150.00 and forgive the penalty of \$550.00.

I thank you for any consideration you may give me.

Sincerely,

  
Todd M. Kay  
President