FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Feb 25, 2002 8:00 am Secretary of State P01000077877 DOCUMENT # 1. Entity Name MDB&B ENTERTAINMENT, INC. 02-25-2002 90052 025 \*\*\*150.00 Principal Place of Business Mailing Address 946 SO. PATRICK CIRCLE 946 SO. PATRICK CIRCLE WEST PALM BEACH FL 33406-4476 WEST PALM BEACH FL 33406-4476 2. Principal Place of Business 3. Mailing Address 815616 x06 219 <u>818616 2008.099</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Royal Palm Beach Helm Beach 65-1129615 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33421-2318 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent J. Wicdett NICOLETTI, PAUL J Street Address (P.O. Box Number is Not Acceptable) 13741 SUNFLOWER COURT **WELLINGTON FL 33414** Zip Code Flm 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 (NOTE: Registered Agent signature required when reinstating) \_9.\_This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 -10.-Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 · Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Addition LEE. BRENT Brent Les NAME NAME 946 SO. PATRICK CIRCLE 12635 Meadowbreeze Deive STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33406-4476 CITY-ST-7IP CITY-ST-ZIP ellinston Fl. 3341U TITLE ☐ Delete TITLE 📉 Change ☐ Addition FARR, MATT 1a++ Fare NAME NAME 946 SO. PATRICK CIRCLE 31 B Clintun Court STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33406-4476 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 trop 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 truster 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 addiress with all other like empowered.

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