## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 16, 2002 8:00 am Secretary of State

DOCUMENT # P-01000078968  1. Entity Name SOLID ENTERTAINMENT INCORPORATION					Secretary of State 05-16-2002 90091 003 ***150.00	
DO NOT WRITE IN THIS SPACE						
2. Principal Place of Business 20004 NW 56th Ave Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State MIAMI, FLORIDA 33056		City & State			4. FEI Number Applied For 65 – 1131542 Not Applicable	
<sup>Zip</sup> 33056	Country <b>Miami</b> Dade	Zip	Country	-	5. Certificate of Status Desired See Required	
	· · · · · · · · · · · · · · · · · · ·			7.	Name and Address of Current Registered Agent	
DO NOT WRITE IN THIS SPACE			Street Add			
			City MI		FL Zip Code 33055	
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 reinstating)  DATE						
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After May 1 Amended	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 \$5.00 May Be Trust Fund Contribution.	
11.	OFFICERS AND D	RECTORS .	1	, orato		
TITLE	P.D.S.T		TITLE			
NAME	STEPHEN BENNETT		NAME		1	
STREET ADDRESS CITY-ST-ZIP	20004 NW 36th Avenue		STREET ADDRESS			
	MIAMI, FL. 33055		CITY-ST-ZIP			
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE	F. C.	A FOR	TITLE			
NAME OFFICE ADDRESS			NAME		·	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
NAME		•	TITLE		IN THIS SPACE	
STREET ADDRESS CITY-ST-ZIP			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			

3. 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 attachment with an address, with all other like empowered.

SIGNATURE: \_

STEPHEN BENNETT
SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/2002

(305)628-4623

Date

Daytime Phone #