## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

Principal Place of Business

2. Principal Place of Business

BENNETT, STEPHEN O

**MIAMI FL 33055** 

20004 NW 56TH AVENUE

the obligations of registered agent.

Suite, Apt. #, etc.

City & State

Zip

20004 NW 56TH AVENUE

P01000078968

Mailing Address

MIAMI FL 33056

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

20004 NW 56TH AVENUE

MIAMI FL 33056

SOLID ENTERTAINMENT INCORPORTION

Country

6. Name and Address of Current Registered Agent

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## **FILED** May 08, 2003 8:00 am Secretary of State

05-08-2003 90162 008 \*\*\*150.00

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	☐ CHECK HERE IF MAKING CHA	ANGES
	4. FEI Number 65-1131542	Applied For
	00 110 1042	Not Applicable
4		75 Additional Required
	7. Name and Address of New Registered Agent	
Name		
Street Add	dress (P.O. Box Number is Not Acceptable)	
City		in Code

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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State				9. Election Campaign Fina Trust Fund Contribution		00 May Be d to Fees			
10. OFFICERS AND DIRECTORS		RS	11.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR	S IN 11			
TITLE	PSTD BENNETT, STEPHEN O 20004 NW 56TH AVENUE MIAMI FL 33055	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition			
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	Addition			

Country

City

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

12. 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all their like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP