

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

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90018 045 \*\*\*150.00  
05-02-2002 90132 042 \*\*\*158.75

DOCUMENT # P01000087308

1. Entity Name

ORBIT ENTERTAINMENT GROUP, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

510 E. DILIDO DRIVE

Suite, Apt. #, etc.

3. Mailing Address

510 E. DILIDO DRIVE

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

4. FEI Number

75-3046137

Applied For

Not Applicable

Zip

33139

Country

U.S.A.

Zip

33139

Country

U.S.A.

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

MYLES G. CYPEN, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

510 E. DILIDO DRIVE

City

MIAMI BEACH

FL

Zip Code

33139

**DO NOT WRITE  
IN THIS SPACE**

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 agent applicable.

MYLES G. CYPEN

(NOTE: Registered Agent signature required when reinstating)

4-22-02

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 NAME STREET ADDRESS CITY-ST-ZIP	P/D ROBEN A. RODRIGUEZ 510 E. DILIDO DRIVE MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D MYLES G. CYPEN 510 E. DILIDO DRIVE MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MYLES G. CYPEN 4-22-02 (305) 695-9500

Date

Daytime Phone #